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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER: P15000029162 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alexis Otero Name of Contact Person Pressed, Inc. Firm/ Company 5008 Stolls Ave. Address Tampa, FL 33615 City/ State and Zip Code aotero@presseddrycleaning.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alexis Otero Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pressed, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P15000029162 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5008 Stolls Ave. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33615 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Alexis Otero Name of New Registered Agent 5008 Stolls Ave. (Florida street address) Florida_ Tampa New Registered Office Address: (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X.Change | <u>PT</u> | John Do | 95 | |
|-------------------------------|-----------|-------------|---------------|------------------------|
| X Remove | Y | Mike Jo | nes | |
| _X Add | <u>sv</u> | Saily Sr | nith | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) Change | СМО | _ | Jason Arigoni | 3704 Paces Park Cir SE |
| x Add | | | | Smyrna, GA30080 |
| Remove | | | | · |
| 2) Change | | _ | | - |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | - | | |
| Add | | | | |
| Remove | | | | |

| <u>If a</u> (Att | mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific) |
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| If a | n amendment provides for an exchange, reclassification, or cancellation of issued shares, poisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A) |
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| The date of each amendmen | 12/1/15 (s) adoption: | , if other than the |
|--|---|---------------------------|
| date this document was signed | | |
| Effective date if applicable: | 12/1/15 | |
| enecuve date <u>ir appreable</u> : | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this date whe Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/web by the shareholders was/w | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. | |
| | re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s): | |
| | cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| , | (voting group) | |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder | |
| action was not required. | e adopted by the incorporators without shareholder action and shareholder | |
| 12/1/I | 5 | |
| Dated | | |
| Signature | | |
| | y a director, president or other officer if directors or officers have not been | |
| se | lected, by an incorporator - if in the hands of a receiver, trustee, or other court | |
| aţ | pointed fiduciary by that fiduciary) | |
| | Alexis Otero | |
| | (Typed or printed name of person signing) | <u>.</u> , |
| | coo | |
| | (Title of person cioning) | |