## P1500066229

(Re	equestor's Name)	<del>.</del>
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	DRATION: S & R STORES,	INC.		_		
DOCUMENT NUM	IBER: P15000066229			_		
	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	SAID A HUSSEIN					
		Name of Contact Perso	n			
	S & R STORES, INC.					
		Firm/ Company				
	2534 N SPRING GARDEN	AVE				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address				
	DELAND, FL 32720					
		City/ State and Zip Cod	e	<u>`</u> ;;	<u>ئبہ</u> ری	
		•			A	
	E-mail address: (to be us	sed for future annual report	notification)	- 3	15 AUG 20	
				171 mg		; ;
For further information	on concerning this matter, pleas	se call:		23	PH ဒ္	
SAID A HUSSEIN		at ( <sup>407</sup>	968-2599	183.	: 27	
Name	of Contact Person		ode & Daytime Telephone Nu	ımber		
Enclosed is a check f	For the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An	nendment Section	Amend	Address dment Section			
Div	vision of Corporations	Divisio	on of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

(Name of Corporation	on as currently filed with the Florida Dept. of State)	The state of the s
15000066229		200
(Docum	nent Number of Corporation (if known)	er.
ursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the fo	ollowing amendment(s
If amending name, enter the new name of the co	orporation:	
		The new
	ed "corporation," "company," or "incorporated" or ," "Inc," or "Co". A professional corporation name abbreviation "P.A."	the abbreviation
. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		
. Enter new mailing address, if applicable:		<del></del>
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	<u> </u>
		<u> </u>
. If amending the registered agent and/or register	red office address in Florida, enter the name of the	
new registered agent and/or the new registered	office address:	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	<del></del>
	(Florida street address)	<u></u>
New Registered Office Address:	, Florida,	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ELENA DUBROVICH	12356 CORIANDER DR
Add			ORLANDO, FL 32837
X Remove			
2) Change	VP	MOHAMMAD ALKISSUANI	5324 MILLENIA BLVD #11102
X Add			ORLANDO, FL 32839
Remove			
3) Change		_	
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			4.00
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	n the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	s the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
AUGUST 18/20]5	
Dated	
Signature Signature	
Signature (By a director, president or other officer – if directors or officers have not been	l
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	•
appointed fiduciary by that fiduciary)	٠,
SAID A HUSSEIN	} }
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)