P15000075776

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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: POPPY BOUTIQUE	JE, INC.	
DOCUMENT NUME	P15000075776		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	H. William Larson, Esq.		
•		Name of Contact Person	1
	Larson & Larson, P.A.		
•	·	Firm/ Company	
	11199 69th Street N.		
•		Address	
	Largo, FL 33773		
•		City/ State and Zip Cod	e
	E-mail address: (to be de	·	notification)
Season Vitiello		at (546-0660
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

POPPY BOUTIQUE, INC.			
(Name of Corporation a	as currently filed with the	Florida Dept. of State)
P15000075776	`		
(Document	Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this <i>Florida Profit</i> (Corporation adopts the f	following amendment(s
A. If amending name, enter the new name of the corpo	oration:		
BE HAPPY BOUTIQUE, INC.			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	Inc," or "Co". A profes		r the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>		
		<u> </u>	200
			THE TOTAL PROPERTY OF THE PARTY
C. Enter new mailing address, if applicable:			5 5
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			 [[]]
			
•			第2 の
D. If amonding the registered agent and/or registered	office address in Florida	autau tha nama of the	जुल ७
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the	
Name of New Registered Agent			
Name of New Register eu Agent			
	(Florida street address)		
V . P 1000			
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		the obligations of the ne	neition
t nevery accept the appointment as registered agent. This	п затиш wин ина ассері	the obligations of the pe	sation.
Signatur	re of New Registered Agen	t 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	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l)Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Character				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
	· 	
an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or cancellation endment if not contained in the amend	n of issued shares, dment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 we document's effective date on the Department of State's records.	fill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
(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.	
Dated 1-12-16	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
TONYA Antaki (Typed or printed name of person signing)	
President (Title of person signing)	·
(THE OF DETSON SIGNING)	