## Planning

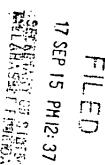
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And

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ZULIE'S BOUTIQUE CO.			
DOCUMENT NUMBER:	P16000019206			
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
	Erzulie Paul Victor			
<del></del>	Name of Contact Person			
	ZULIE'S BOUTIQUE CO.			
	Firm/ Company			
	4600 Touchton Road, Suite 150			
	Address			
	Jacksonville, FL 32246			
	City/ State and Zip Code			
	zulie@zuliesboutique.net			
E-mail address: (to	he used for future annual report notification)			
For further information concerning this matter,	ll please call:			
Erzulie Paul Victor	904 800-5342			
Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:			
is the first of th				
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



ZULIE'S BOUTIQUE CO

	ZOUEZ BO	JUTIQUE CO.	Ser FARYS	<b>随机</b> 下离流流。
(Name of Corpo	oration as current	ly filed with the Florida	Dept. of State)	75-73
	P16000	0019206		
(D	Pocument Number o	of Corporation (if known	)	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this	Florida Profit Corpora	tion adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of it	he corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," or	Corp," "Inc," or	"Co". A professional c		
B. Enter new principal office address, if applie	cable:	4600 Touchton Road	d, Suite 150	
(Principal office address MUST BE A STREET	ADDRESS )	Jacksonville, FL 32.	246	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u> )	4600 Touchton Road		
D. If amending the registered agent and/or registered agent and/or the new registered.			he name of the	
Name of New Registered Agent	14.00	Touchton Road, Suite 15		<del></del>
<u>  </u>				<del>.</del>
New Registered Office Address:	(Florida street address)  Jacksonville , Florida		32246	
		(City)	1 londa	(Zip Code)
New Registered Agent's Signature, if changing				
Thereby accept the appointment as registered as	ent. – Lam familiar	with and accept the obli	gations of the pos	sition.
900	9-7_			
	Signature of New	Registered Agent, if char	nging	

address of each Officer	and/or Director b		h officer/director being removed and title, name, and
(Attach additional sheets,		irst letter of the office title:	
P = President: V = Vice i	President T= Tre	asurer: S= Secretary: D= Directo	r; TR= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer: CFO held. President, Treasure Changes should be noted	= Chief Financial r, Director would in the following r	Officer. If an officer/director hol be PTD. namer. Currently John Doe is liste	ds more than one title, list the first letter of each office ed as the PST and Mike Jones is listed as the V. There is
			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:	DT John D		
X Change X Remove	PT John D  V Mike John	<u> </u>	
<u>X</u> Add	SV Sally S		
_			
Type of Action (Check One)	Title	Name 	<u>Addres</u> s
1) Change	OFFICE	LEO PAUL	6450 SARAHS VIEW CT
Add			JACKSONVILLE FL 32244
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
1) Channa			
4) Change Add	<del></del>		
Remove			
<del></del>			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles,	enter change(s) here:
(Attach additional sheets, if necessary). (B	e specific)
,	
	<u></u>
	<u> </u>
	<u></u>
	<u></u>
<u> </u>	<u>                                     </u>
F. If an amendment provides for an exchang	e, reclassification, or cancellation of issued shares,
provisions for implementing the amenda	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if the approxime, indicate (iii)	
1.12.1.11	<u> </u>
<del></del>	
· · ·	
	<u>                                     </u>
	<u> </u>
	<u> </u>

AUGUST 14, 2017 , if other than the The date of each amendment(s) adoption: date this document was signed. JULY 1, 2017 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 as the document's effective date on the Department of \$tate's records. (CHECK ONE) Adoption of Amendment(s) ☐ 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 (voling 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. 9/14/2017 Dated (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) (Typed or printed name of person signing) CEO (Title of person signing)