PK-000038314

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SECUEDARY OF STATE

1ALE ABASSEE, FLORIDA

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JUN 23 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: COLE HOME AIL	DINC			
DOCUMENT NUMI	BER: P16000038316				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MARVALYN FAYONA CO	DLE			
		Name of Contact Person			
	COLE HOME AID INC				
	Firm/ Company				
	5870 NW 16TH PLACE AP	Γ1	·		
	Address				
	SUNRISE, FL 33313				
		City/ State and Zip Code	9		
CJEA	ANBAPTISTE2000@YAHOO	D.COM			
	'-	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
MARVALYN FAYO	ONA COLE	at (244-4365		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Contract to a shoot for	andra Callanda a comunitaria de				
Enclosed is a check to	or the following amount made	payable to the Florida Depa	iriment 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)		
	iling Address		Address		
Amendment Section		Amendment Section			
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
	ahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

COLE HOME AID INC		
	tly filed with the Florida Dept. of State)	
P16000038316.		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this lits Articles of Incorporation:	s Florida Profit Corporation adopts the follo	owing amendment(s
A. If amending name, enter the new name of the corporation:		
COLE'S BEDDINGS & MORE INC		The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co word "chartered," "professional association," or the abbreviation "P.A." 5870 NW 16TH PLACE APT 1		he abbreviation.
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33313	- 第 章 - 20 -
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 registered agent and/or the new registered office address		1:00 - \$1ATE
Name of New Registered Agent	<u>s.</u>	
Hume by then negistered rigem		
(Florida si	treet address)	
New Registored Office Address:	. Florida	
New Registered Office Address.		(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the posit	ion.
m.cole.		
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 Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add	-		
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
0 Effective date <u>if applicable</u> :	6/14/2016	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	•	
,	(voting group)	
action was not required. The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
06/14/20 Dated		
Signature	M. cole	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	MARVALYN FAYONA COLE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	