## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: DERHY FINANCIAL SERVICES LLC

Account Number : I20090000059

Phone Fax Number : (786)380-3472 : (786)320-6879

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

S&T DREAM PIPES INC

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## COVER LETTER

TO: Amendment Section
Division of Corporations

	,			
	PRATION: S &T DREAM P	IPES INC		
DOCUMENT NUM	BER: P16000081586			
	of Amendment and fee are a	submitted for filing.		
Please return all corre	espondence concerning this m	atter to the following:		
	SHAY PORTOGEZ			
		Name of Contact Person	on	
		Firm/ Company		
	510 SOUTH VAN DORN S	ST		
		Address		
	ALEXANDRIA VA 22304			
		City/ State and Zip Cod	le	
	E-mail address: (to be u	sed for future annual report	notification	
For further information	n concerning this matter, plea	se call:		
BRIGITTE HERNANDEZ		786	514-4025	
		de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Dep	urtment of State:	
<b>\$35</b> Filing Fee	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$\square\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mai	Ing Address	Street	Address	
Ame	endment Section	Amendment Section		
	sion of Corporations	Division of Corporations		
	Box 6327 ahassee, FL 32314		Building xecutive Center Circle	
7 0111	TI Date of A A Andrews		ussee, FL 32301	
		Tallaha	1550c, FL 32301	

10/50CT 27 14 8:50

## Articles of Amendment to Articles of Incorporation of

		27. 4.
(Name of Cerperal	tion as currently filed with the Florida Dept. of State)	4
P16000081586		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following	; amendment(s)
. If amending name, enter the new name of the c	corporation:	
S & T SMOKE SHOP INC		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abp," "Inc," or "Co". A professional corporation name must ce abbreviation "P.A."	breviation
B. <u>Enter new principal office address, if applicabl</u> Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable:		
(Mailing address MAX BE A POST OFFICE BO	<u> </u>	
(Mailing address MAX BE A POST OFFICE BO	ered office address in Florida, enter the name of the	
(Mailing address MAX BE A POST OFFICE BO  D. If amending the registered agent and/or register	ered office address in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFICE BO  ). If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFICE BO  ). If amending the registered agent and/or registered agent and/or the new registered	ered office address in Florida, enter the name of the	

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	PT	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove		•	
4) Change		<u></u>	
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	heets, if necessary). (E	s, enter change(s) h Be specific)	<del>115</del> .		
					_
(an amendment p	rovides for an exchange elementing the amenda ble, indicate N/A)	re, reclassification, nent if not contains	or cancellation of is d in the amendment	ued shares, itself:	
<u>orovinions for imp</u>					
<u>erovisions for imp</u>					
<u>orovinions for imp</u>					
<u>oravbious for imp</u>					
<u>oravbious for imp</u>					
<u>oravbious for imp</u>					

The date of each amendment(s) ad	eption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendaticient for approval.	vent(s)
	roved by the shareholders through voting groups. The following sue each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	, n	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and share	holder
The amendment(s) was/were adoption was not required.	med by the incorporators without shareholder action and sharehold	ex
Dated	10/27/16	
Signature		
selected	rector, president or other officer—if directors or officers have not be, by an incorporator—if in the hands of a receiver, trustee, or other and fiduciary by that fiduciary)	
:	SHAY PORTOGEZ	
-	(Typed or printed name of person signing)	
-	(Title of person signing)	