

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
•	•	•
PICK-UP	☐ WAIT	MAIL
<del></del> -	•	
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



500292676505

12/02/16--01007--013 \*\*35.00

DEC 05 2016

R. Wmile

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Choice Sales Inc.  DOCUMENT NUMBER: P16000082112	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stephante Bartolo Nami of Contact Person	
Firm/Company  105 24 Mos S Pack RD STE204-6  Address  City/ State and Zip Code	631
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stephanie Bartolo at (407) 473-8100  Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status  \$35 Filing Fee & Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

四月四月

Articles of Incorporation

16 DEC -2 AM 10: 43

_ Choice Sales	INC SECTION OF TALE
(Name of Corporation as currently  P \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation to". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	10524 Moss Park RD. STE 204-634 Orlando Fr. 32832
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	105ay moss Park RD. STE aoy-634 Orlando Fr 32832
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent  (Florida street)	e addfess)
New Registered Office Address:	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w  Signature of New Re	ith and accept the obligations of the position.  Segistered Agent, if changing

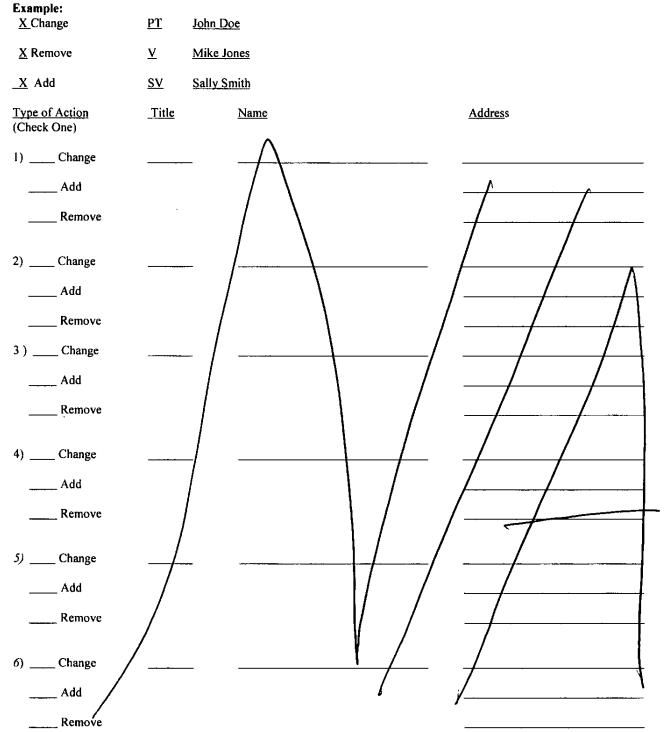
If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(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.



Page 2 of 4

attach additional sheets, if necessary). (B					
<del></del>	<del>/</del>				
	Χ			<u> </u>	·
	<del>\</del>		/	·	
	+				
	+-				$-\!$
				/_	-+
	$-\!+\!-$		/	/	
			/		
			<u>/</u>		
		/	/	/ 	
		/_	/		
	1		/		
f an amendment provides for an exchang	e, reclassificat	on, or cance	ellation of issue	ed shares,	
f an amendment provides for an exchange provisions for implementing the amendm (if not applicable, indicate N/A)	ent if not cont	ined in the	amend/ment its	self:	
		V			
		V	1	<b>V</b>	
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

The date of each amendment(s) adoption date this document was signed.	¥	, if other than the
Effective date if applicable:		
Effective date in applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	pes not meet the applicable statutory filing requirements, this nt of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment for approval.	nt(s)
	by the shareholders through voting groups. The following state of the shareholders through voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the	amendment(s) was/were sufficient for approval	·
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	ilder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	4/2016	
Signature		
	president or other officer - if directors or officers have not be	en
	incorporator - if in the hands of a receiver, trustee, or other c	
appointed fidu	ciary by that fiduciary)	
	Stephanie Barto	0
	(Typed or printed name of person signing)	
	President	· · · · · · · · · · · · · · · · · · ·
	(Title of person signing)	