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Amend



COVER LETTER

TO: Amendment Section

Division of Corporations

The Cell Shop Inc. NAME OF CORPORATION: P16000088909 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony Johnson Name of Contact Person The Cell Shop Inc. Firm/ Company 3189 Laurel Ridge Circle Bldg. 10 Address Riviera Beach, FL 33404 City/ State and Zip Code accorio@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 926-3411 **Anthony Johnson** 561 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 **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address **Street Address Amendment Section** Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Cell Shop Inc.

P16000088909				
(Documer	nt Number of Corporation	(if known)	·	
Pursuant to the provisions of section 607 Incorporation:	.1006, Florida Statutes, th	is <i>corporation</i> adopts t	he following amendment(s)	to its Articles of
A. If amending name, enter the new na	ame of the corporation;			
N/A			7	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design				
word "chartered," "professional associa			corporation name musi ce	risciri irsc
• •		N/A		
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)				
	,			
			3 2	
			E C	in in
C. Enter new mailing address, if appli		N/A		$\overline{\bigcirc}$
(Mailing address <u>MAY BE A POST (</u>	<u>DFFICE BOX</u>)	-	<u> </u>	•
			<u> </u>	1
			ت عزر	•
D. If amending the registered agent an			the name of the	
new registered agent and/or the nev		<u>ss:</u>		
Name of New Registered Agent	N/A			
	(Florida	street address)		
V B	N/A		ni (1	
New Registered Office Address:	(Cit		Florida (Zip Code)	
	(5	,	(— ,	
New Registered Agent's Signature, if c	hanging Registered Agei	ı t:		
I hereby accept the appointment as regist	ered agent. I am familia	with and accept the ob	ligations of the position.	
Si	gnature 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)

Remove

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 PT John Doe X Remove <u>V</u> Mike Jones X Add <u>SV</u> Sally Smith Address Type of Action Title <u>Name</u> (Check One) P 3189 Laurel Ridge Circle Bldg. Anthony Johnson __ Change Riviera Beach, FL 33404 Add Remove Alonzo Johnson 3189 Laurel Ridge Circle Bldg. Х 2) Change Rivera Beach, FL 33404 __ Add Remove 3189 Laurel Ridge Circle Bldg. **CFO** Tina Bain 3) ____ Change Rivera Beach, FL 33404 Add Remove 4) ____ Change __ Add Remove 5) ____ Change ___ Add __ Remove 6) ____ Change __ Add

G.	If amending or adding additional Articles, enter change(s) here:
	(Attach additional sheets, if necessary). (Be specific)
I/A	
_	
_	
-	**************************************
1	f an amendment provides for an exchange, reclassification, or cancellation of issued shares,
. !	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
/Α	
_	

The date of each amendment(s) date this document was signed.	adoption:	, if othe
	2/15/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,"	
• -	(voting group)	
■ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder	
12/15/20	016	
Dated		
Signature	director, president or other officer - if directors or officers have not been	_
selec	tted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Alonzo Johnson	
	(Typed or printed name of person signing)	_
	Vice President	
	(Title of person signing)	