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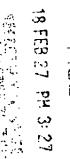
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CREATE A CLOSET, INC.				
DOCUMENT NUMBER: P17000010006				
	of Amendment and fee are su	ubmitted for filing.		
Please return all correspondence concerning this matter to the following:				
	DAVID BAILY			
		Name of Contact Perso	n	
		Firm/ Company		
	8000 NEW JERSEY BLVD	• •		
	Address			
	FORT MYERS, FL 33967			
		City/ State and Zip Cod	e	
NAF	LESTAXACCOUNTING@G	SMAIL.COM	,	
		sed for future annual report	notification)	
For further information concerning this matter, please call:				
DAVID BAILY		at (239	841-4126	
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 & 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

CREATE A CLOSET, INC.	at Chalada the Chalada Chalada
	on as currently filed with the Florida Dept. of State)
P1700010006	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
CREATE-A-CLOSET, INC.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
C. Enter new mailing address, if applicable:	FIL FIL
(Mailing address MAY BE A POST OFFICE BO)	<u>PR 3</u> 27
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
	(Pioriau sireet adaress)
New Registered Office Address:	(Citv) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sign	oture 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	<u>v</u>	Mike Jones	
X Add		Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

	2/22/2018	
The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will nertment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes cast to	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
2/22/2018 Dated		
(By a dire selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
D	AVID BAILY	
_	(Typed or printed name of person signing)	
p.	RES	
	(Title of purean signing)	