# PM0011576

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AUG 01 2017 S. YOUNG



#### **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	P17000011576						
DOCUMENT NUMBER:							
The enclosed Articles of Amendmen	and fee are su	abmitted for filing.					
Please return all correspondence con-	cerning this ma	atter to the following	<b>;</b> :				
		VICTOR GR	ULLON	I			
	Name of Contact Person						
	DUCTS CORP						
<del> </del>							
	1	1402 CLARKS SUN	иміт с	Т			
	Address						
	ORLANDO, FL 32828						
		City/ State and Z	Zip Code				
E-mail ac For further information concerning th  NELSON VALERIO	nis matter, pleas		l report	notification) 422-4272			
Name of Contact Pers	at (	Area Co	) de & Daytime Telephone Number				
Enclosed is a check for the following				•			
	Filing Fee & cate of Status	□\$43.75 Filing I Certified Copy (Additional copenclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

## **Articles of Incorporation**

of

#### TROPICAL MERCHANDISE AND PRODUCTS CORP

### (Name of Corporation as currently filed with the Florida Dept. of State) P17000011576 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NVR GROUP, CORP. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: VICTOR GRULLON Name of New Registered Agent 1402 CLARKS SUMMIT CT (Florida street address) **ORLANDO** 32828 New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

#### address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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		<u>PT</u>	John Doe	
<u>X</u> R	emove	<u>v</u>	Mike Jones	
<u>X</u> A	Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)		<u>Title</u>	Name	Address / a
1) _	Change	<del> </del>		N/A
_	Add			
	Remove			
2) _	Change			
	Add			
	Remove			the state of the s
3)_	Change			
_	Add			
	Remove			
4) _	Change			
	Add			
	Remove			
5) _	Change			
	Add			
_	Remove			
_	<b>a</b> 1			
6) _	Change			
_	Add			
	Remove			

. If amending or adding (Attach additional sheet	additional Articles, if necessary).	les, enter change (Be specific)	(s) here:			
		NA				
<del></del>						
			···			
		·				
If an amendment prov	ides for an eveba	ngo rodossificat	ion or concellate	ion of issued sh	orac	
provisions for implen (if not applicable,	nenting the amend	dment if not cont	ained in the amo	endment itself:	141 C 51	
		N/A			<u> </u>	_
					<del></del>	
			· - · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption:	, if other than the
•	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no locument's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Valeson Valescott	
(By a director, president or other officer if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
NELSON VALERIO	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	

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