P18000038384

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Nasco Retail Inc. DOCUMENT NUMBER: P18000028384 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nada Chehab Name of Contact Person NC Accounting Inc. Firm/ Company 6110 Powers Ave Suite 13 Address Jacksonville, FL 32217 City/ State and Zip Code info@nc-accounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 508-0233
Area Code & Daytime Telephone Number Nada Chehab Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

			
(Name of C	orporation as currently	filed with the Florida Dept. of State	
P18000028384			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	lo". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6919 Silver Glen Lane	
		Jacksonville, FL 32258	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		C/O NC Accounting Inc	<u>,</u>
		6110 Powers Ave., Ste 12	S TI
		Jacksonville, FL 32217	P
D. If amending the registered agent and/o		ess in Florida, enter the name of the	是 是 日
new registered agent and/or the new re			0 0
Name of New Registered Agent	C Accounting Inc		<u></u>
61	10 Powers Ave., Ste 12		
	(Florida stre	et address)	
New Registered Office Address:	cksonville	$\mathcal{C}dy$, Florida 3	2217

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	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	CEO/P	Samir El Monchamaf	6919 Silver Glen Lane
XX Add			Jacksonville, FL 32258
Remove			
2) XX Change	VP	Sally Yousef	6919 Silver Glen Lane
Add			Jacksonville, FL 32258
Remove			<u> </u>
3) Change	VP	Ahmed Youssef	7336 SECRET WOODS TRAIL
Add			JACKSONVILLE, FL 32216
XX Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
I need to change the activities of the corporation to a wholesale
F. If 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)
I need to change the activities of the corporation to a wholesale

The date of each amendment(s)	adoption:	, 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 document's effective date on the	s block does not meet the applicable statutory filing requirements, this date videopartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	;"	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/10/20 Dated	018	
Signature	Cam Flender	
(By a select	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	Samir El Mouchantaf	
	(Typed or printed name of person signing)	
	CEO /President	
	(Title of person signing)	