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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	idress)	
(Ĉi	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	
(Do	ocument Number)	<u> </u>
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DEC 18 2019

S. YOUNG

COVER LETTER

Division of Corporations Chanty Shopping NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: De Marco- Book-Name of Contact Person ranty Shopping Network Hoint Terrace For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 🕽 S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Charity Shopping N	1e twork		
(Name of Corporatio	n as currently filed	with the Florida Dept. of S	tate)
P180000430	032		
(Docume	ent Number of Corp	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florid	la Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the a	" "Inc," or "Co".	A professional corporation	l" or the abbreviation name must contain the
B. Enter new principal office address, if applicable:			19
(Principal office address MUST BE A STREET ADD		•	
	_		2
			0 7
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u> </u>
			20
			
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the name of	<u>the</u>
Name of New Registered Agent			
	(Florida street ad	dress)	
New Provintered Office Address		. Flor	rida
New Registered Office Address:	(City)	, 1 (0)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		nd accent the obligations of th	ha nacition
r nereoy accept the appointment as registered agent.	i um juminur with t	на ассері те оппуаноть ој п	ne position.
Signa	uure of New Registe	ered 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
I) Change	Vρ	_	Tivana (Tia) Walker	-5096 Cathedral Caks a
Add				Santa Bailbura, Ca
Remove				9.311
2) Change		_		
				· · · · · · · · · · · · · · · · · · ·
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor apparaise, marcare 1971)	

The date of each amendment(s) adoption:, if other t
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
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)
(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///E//9
Signature (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)
David De Marce - Book
(Typed or printed name of person signing)
ガモンはもつナ

the

the

(Title of person signing)