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## **COVER LETTER**

-TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Furniture of SW Florida, Inc. DOCUMENT NUMBER: P18000101674 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wanda Bouwman Name of Contact Person Commont Furniture of SW Florida, Inc. Firm/ Company 26251 S Tamiami Trail Suite i Address Bonita Springs, Florida 34134 City/ State and Zip Code drbr.kate@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239-301-2503)

Area Code & Daytime Telephone Number Wanda Bouwman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Taliahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Furniture of SW Florida, Inc.

(Name	of Corporation as currently	filed with the Florida Dept. of State	)
P18000101674	•		
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this F	Torida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	nne of the corporation:		
Consignment Furniture of SW Florida, Ir	ne.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	lo". A professional corporation name	
B. Enter new principal office address,	if applicable:		201
(Principal office address MUST BE A S			
			attento
			<u> </u>
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			The formal
			<u>- 19</u>
			<del></del>
D. If amending the registered agent ar		ess in Florida, enter the name of the	
new registered agent and/or the ne-			
Name of New Registered Agent	Wanda Bouwman		
	26251 S Tamiami Trail#1		
	(Florida stree	et address)	
New Registered Office Address:	Bonita Springs,	. Florida	4134
	(1	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		ith and accept the obligations of the po	osition.
, ,	1 /		
Wa	ndi Bowm Signature of New Re	av	
•	Signature of New Re	gistered 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; CFO = 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
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Add			
Remove			

	adding additional Anal sheets, if necessary)	). (Be specific)			
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	ent measides for an ex-	ichange, reclassificat	ion, or cancellation	n of issued shares,	
f an amendme	implementing the an	pendment if not cont	ained in the amen		
f an amendme provisions for (if not app	ent provides for an ex implementing the an dicable, indicate N/A)	nendment if not cont	tained in the amend	ament itseir:	
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The date of each amendment(s) adoption:	, if ou	her than the
Effective date if applicable: Affective Ammediatly 12/26/18  (no more than 90 days after spendment file date)		
(no more than 90 days after sprendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w locument's effective date on the Department of State's records.	rill not be l	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 12/26/18		
The state of the s		
Signature X MON MON (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)		
KATHY LUTHER		
(Typed or printed name of person signing)		
President		
(Title of person signing)		<del></del>
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