	I IPTITA NIII APIN PRITT NIAN IKAN MISI IIPIN MRIA TIII IARIA PRAS III
(Requestor's Name)	
(Address)	300333126
(Address)	300333120
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/20/19 - 61/08 - 0
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Mr. Baka gave authorization La above bak an again 4	
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COVER LETTER

TO:	Amendment Section			
Division of Corporations				

NAME OF CORPORATION	on: Bathroom and Rags Supplier inc
DOCUMENT NUMBER:	P190000 43692
The enclosed Articles of Am	endment and fee are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	RALION SCIC
**	Name of Contact Person
	Satheson and Mags Supplion 1146 Firm/Company
	Firmy Company
-, س	370 S. F.C. companyo Address
	Address
_	City/ State and Zip Code
	-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (954) 203-2156

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)

SECRITIARY OF STATE AS SECRETARY OF CORPORATIONS (19 A) OF 26 PM 12: 10

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation of

BATHROOM AND RAGS SUPPLIER INC.

	ion as currently	filed with the Florid	la Dept. of State)	•
P19000043692		u .		
(Docu	ment Number of	Corporation (if known	n)	
Pursuant to the provisions of section 607.1006, Floric ts Articles of Incorporation:	la Statutes, this F	Iorida Profit Corpor	ation adopts the follow	ring amendment(s)
a. If amending name, enter the new name of the c	orporation:			
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "C	Co". A professional		
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2.X</u>)			
O. If amending the registered agent and/or registed new registered agent and/or the new registered		ess in Florida, enter	the name of the	
Name of New Registered Agent			 .	EGRET SION - -
	(Florida stre	et address)		— 26 - 26
New Registered Office Address:		, 	, Florida	ORFO
	(1	City)	(Zi	TATE RATIONS
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		ith and accept the obl	igations of the position	
	nature of New Re	gistered Agent, if cha	nging	_

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.

Mike Jones, V as Remov. Example:	e, and Sa	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	1	Shman Scla	320 S. Flamingo
Add			320 S. Flaningo fantos Me pinos
Remove			F-4 33027
2) Change			
Add			
Remove			
3) Change			<u> </u>
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an amendment provides for an exch	nange, reclassificatio	on, or cancellation o	fissued shares	
(if not applicable, indicate N/A)	ndment if not conta	ined in the amendm	ent itself:	
				
	 	<u>. </u>		 -
	***		· · · · ·	- ·
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The date of each amendment(s) adoption:	, if other than
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	will not be listed as
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 east for the amendment(s) was/were sufficient for approval	
by	
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 08/24/15	
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)	
(Typed or printed name of person signing)	
(Title of person signing)	

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