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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: STORE SURPRISES DEPOT CORP

Requester: Corp. Services

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		SES DEPOT CORP				
DOCUMENT NUMB	P19000070777					
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.				
Please return all corresp	oondence concerning this ma	atter to the following:				
•	CARLA MARCELO					
-	Name of Contact Person CORP SVCS INTL					
-	Firm/ Company 7050 W PALMETTO PARK ROAD, #15 300,					
-	Address BOCA RATON FL 33433					
_		City/ State and Zip Code	2			
(OPERATIONS@CORPSVC	SINTL.COM				
_	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
CARLA MARCELO		561 at (403 9084			
Name of	Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

STORE SURPRISES DEPOT CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(<u>Name of Corporatio</u> P19000070777	on as currenti	y filed with the	Florida Dep	t. of State)	
(Досип	ient Number o	f Corporation (if	known)		
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this	Florida Profit C	orporation a	dopts the fol	lowing amendment
. If amending name, enter the new name of the co	rporation:				
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc.' chartered," "professional association," or the abbre	" or "Co" :				
Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD				·	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u>)				277#SED - 9
					<u>^</u> 100 0
If amending the registered agent and/or register new registered agent and/or the new registered			enter the na	me of the	0 0
Name of New Registered Agent					
	(Florida str	eet address)		 ,-	
New Registered Office Address:	·	(City)		. Florida	Chin C. J.
		rÇny)			(Zip Code)
ew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	istered Agent: I am familiar w	t with and accept to	he obligation	s of the posit	ion.
Signa	ture of New Re	egistered 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)

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>	<u>John Do</u>	<u>oc</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	
<u>X</u> Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
X 1) Change	S		RUIZ NARANJO, PAUL L	21001 SAN SIMEON WAY. #207.
Add				MIAMI, FL 33179
Remove	Р		FRANCO VALDIVIA, WALTER J	10712 DIMMED VEV IND
2) ${X}$ Change	-	_		19712 DINNER KEY DR.
Add				BOCA RATON, FL 33498
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>adamo</i> A	nal sheets, if n	zcessary). (Be	e specific)				
						217.814	
	<u>.</u>						
	·- ··						
			-				
							
				1-PIA.			
							
	3 C. T. S.					.	
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provisions fo	ent provides f r implementin plicable, indica	ig the amendme	, reclassification ent if not contai	n, or cancellation	n of issued shar dment itself:	· <u>es.</u>	
							
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requi Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for t sufficient for approval.	he amendment(s)
	pproved by the shareholders through voting groups. The foot or each voting group entitled to vote separately on the ame	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
SEPTEM	BER 07, 2020	
Dated		
Signature)£_))	
(By a	director, president or other officer - if directors or officers ed, by an incorporator - if in the hands of a receiver, truste	
арро	nted fiduciary by that fiduciary) WALTER J FRANCO VALDIVIA	
	(Typed or printed name of person signing) PRESIDENT	
	(Title of person signing)	