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COVER LETTER

Amendment Section Division of Corporations

Tallahassee, FL 32314

ME OF CORPORATION: EXPRESS Glasshar S	hop Inc
CUMENT NUMBER: P19000079019	
enclosed Articles of Amendment and fee are submitted for filing.	
ise return all correspondence concerning this matter to the following:	
Mille Thomport Name of Contact Person	no
Express Gessler Shop Firm/Company	
7351 Wiles Rd Ste 105 Address	<u> </u>
Coral Spring! FL 3306 City/State and Zip Co	,
City/ State and Zip Co	de
E-mail address: (to be used for future annual repo	
E-mail address: (to be used for future annual repo	rt notification)
r further information concerning this matter, please call:	
Name of Contact Person Name of Contact Person Area C	1 866.6698
Name of Contact Person Area C	Ode & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida De	
S35 Filing Fee S43.75 Filing Fee Set Certificate of Status Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Ame Division of Corporations Divi P.O. Box 6327 The	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Express Glasswere Shop
(Name of Corporation as currently filed with the Florida Dept. of State) P19000079019 (Document Number of Corporation (if known) ant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to ticles of Incorporation: amending name, enter the new name of the corporation: must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," ," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word rtered," "professional association." or the abbreviation "P.A." nter new principal office address, if applicable: cipal office address <u>MUST BE A STREET ADDRESS</u>) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) œ f amending the registered agent and/or registered office address in Florida, enter the name of the ew registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) Registered Agent's Signature, if changing Registered Agent: eby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

:

Signature of New Registered Agent, if changing

President; V= Vice utive Officer: CFO ident, Treasurer, D ages should be note ange, Mike Jones le Jones, V as Remov	lirector tite Presiden Chief F Irector wo d in the for	le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= 'inancial Officer. If an officer/director holds more t	the PST and Mike Jones is listed as the V. There is
mple: Thange	<u>PT</u>	John Doe	
Remove	<u>V</u>	Mike Jones	
Add	<u>sv</u>	Sally Smith	
e of Action eck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change	P	Stephen Jaan	763 N & 83°0 DA Cocal Spring FL 3003307
Add			Coxol Sprnys FL 30 3307
X Remove	_		
Change	<u>P</u>	Pustin Labadic	7351 miles no ste 105
X_ Add			Coral Springs FL 33067
Remove Change			
Add			(3) ~
Remove			
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Add			3 PH
Remove			
Change			<u> </u>
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		Page 2 of 4	
		tional Articles, enter change(s) here: ecessary). (Be specific)	

tending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ess of each Officer and/or Director being added:

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(if not applicable, indicate N/A)	Page 3 of 4		, if othe	r than th
e of each amendment(s) adoption: document was signed.	Page 3 of 4		, if othe	r than th

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.

tion of Amendment(s)

(CHECK ONE)

(Title of person signing)

e amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) the shareholders was/were sufficient for approval.

e amendment(s) was/were approved by the shareholders through voting groups. The following statement ust be separately provided for each voting group entitled to vote separately on the amendment(s):

by	·
(voting group)	
e amendment(s) was/were adopted by the board of directors without shareholde tion was not required.	raction and shareholder
Dated Dated Signature (By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a received appointed fiduciary by that fiduciary)	ECREIAS OF Difficers have not been property and
Stophen Jawns	
(Typed or printed name of person sign	ing)