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(((H21000452895 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: AVA FINANCIAL CONSULTANTS INC

Account Number : I20170000094

Phone Fax Number : (954)842-1979 : (954)905-4315

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN EDESIGNSHOP INC.

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S. PRATHER

## **COVER LETTER** H210004528953

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: EDESIGNSHOP	INC	·
DOCUMENT NUM	IBER: P20000084736	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	•
	MANJINDER KAUR		
		Name of Contact Person	n
	EDESIGNSHOP INC		
		Firm/ Company	TATE
	11314 WILES RD		
	<del></del>	Address	
	CORAL SPRINGS, FL 3307	'6	
•		City/ State and Zip Cod	e
	kaurbusinessemail@gmail.co		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
MANJINDER KAU	D	954	471 1612
		at (	de & Daytime Telephone Number
Name	of Contact Person	Arta Co	de & Daytime Telephone Number
Enclosed is a check f	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	illing Address		Address
	nendment Section vision of Corporations		Iment Section
	Vision of Corporations		n of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation H210004528953 of

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(Name	<del></del>	~~ <del>~~</del>	\
	of Corporation as curren	tly filed with the Florida Dept. of State)	100
P20000084736			
	(Document Number	of Corporation (if known)	'
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Proftt Corporation adopts the following	ng amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
N/A			
name must be distinguishable and contai, "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc " or "Co"	"company," or "incorporated" or the abbreviat A professional corporation name must conta	The new ion "Corp.," at the word
B. Enter new principal office address,	if annhachia:	11314 WILES RD	
(Principal office address MUST BE A S		CORAL SPRINGS, FL 33076	
C. Enter new malling address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	11314 WILES RD	<del></del>
		CORAL SPRINGS, FL 33076	
D. Managadian shares to a	rd/or registered office and	dress in Florida, enter the name of the	
U. If amending the registered agent an new registered agent and/or the new	w registered office addres	s:	
Name of New Registered Agent  Name of New Registered Agent	w registered office addres  MANJINDER KAUR	8:	
new registered agent and/or the new	w registered office addres	8:	_
new registered agent and/or the new	W registered office addres MANJINDER KAUR  11314 WILES RD	rees address)	_ _
new registered agent and/or the new	W registered office addres MANJINDER KAUR  11314 WILES RD	reel address)	_
Name of New Registered Agent	MANJINDER KAUR  11314 WILES RD  (Florida si	reel address)  Florida 33076	
Name of New Registered Agent	MANJINDER KAUR  11314 WILES RD  (Florida si	reel address)  Florida 33076	
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	MANJINDER KAUR  11314 WILES RD  (Florida st  CORAL SPRINGS	(City), Florida 33076	Code)
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	MANJINDER KAUR  11314 WILES RD  (Florida st  CORAL SPRINGS	rees address)  (City)  Florida  (Zip	Code)
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	MANJINDER KAUR  11314 WILES RD  (Florida si CORAL SPRINGS  hanging Registered Agentered agent. I am familiar	rees address)  (City)  Florida  33076  (City)  (Zip  t: with and accept the obligations of the position.	
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:	MANJINDER KAUR  11314 WILES RD  (Florida si CORAL SPRINGS  hanging Registered Agentered agent. I am familiar	rees address)  (City)  Florida  (Zip	

Address of each Office (Attach additional she Please note the officer P = President; V= Vi	ets, if neces. director titi ce Presiden	<b>Director being added:</b> sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= L	of each officer/director being removed and title, name, and H210004528953  Director; TR= Trustee: C = Chairman or Clerk; CEO = Chief
Executive Officer; CFG President, Treasurer, Changes should be not a change, Mike Jones	O = Chief F Director wo ted in the fo leaves the c ove, and Sal	inancial Officer. If an officer/director uld be PTD. Illowing manner. Currently John Doe orporation, Sally Smith is named the by Smith, SV as an Add.	holds more than one title, list the first letter of each office held is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change.
_ v	<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	<u>Name</u>	<u>Acdres</u> s
l) X Change	PD	MANJINDER KAUR	11314 WILES RD
Add			CORAL SPRINGS, FL 33076
Remove			
2) X Change	TS	MANJINDER KAUR	11314 WILES RD
Add			CORAL SPRINGS, FL 33076
Remove 3) Change			

\_ Add

4) \_\_\_\_ Change

\_\_\_ Add

\_\_\_\_ Remove

5) \_\_\_\_ Change

\_\_\_\_ Add

6) \_\_\_\_ Change

\_\_ Add

\_\_ Remove

\_\_ Remove

\_\_ Remove

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not conjuined in the unendment itself:  (If not applicable, indicate 19/4)	If nmending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  H210004528953	$\sim$
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	<b>L</b>	9
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The date of each amendment(s) adoption:	DECEMBER 13, 2021	H210004528953	_, if other than the
date this document was signed.			
Effective date if applicable:	(no more than 90 days a	fter amendment file date)	<del></del>
		• •	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable state of State's records.	tutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	HECK ONE		
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of	directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number or approval.	r of votes cast for the amendment(s)	7A 20
☐ The amendment(s) was/were approved by must be separately provided for each votice.	ng group entitled to vote sept	arately on the amendment(s):	2021 DEC 14 AM 10: SELALTARY OF STAT ALLAHASSEE, FLOR
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MANJIN	DER KAUR		
	(Typed or printed name of	person signing)	
PRESIDE	ENT		
,	(Title of person signing)		<u>,                                      </u>