## 300003872

	(Requestor's Name)	
	(Address)	<del> </del>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of 9	Status
Special Instructions	to Filing Officer:	

Office Use Only



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Amend -Danin 3-17-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Home fashion Direct, Inc.				
DOCUMENT NUMBER: P9300038724				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sara Mizraji Name of Contact Person				
Home Fashion Direct, Inc				
19401 West Divie Highway				
City/ State and Zip Code  SM2 (a) D W Hed COM  E-mail address: (to be used for future armaal report notification)				
For further information concerning this matter, please call:    Solution   Concerning this matter, please call:   Area Code & Daytime Telephone Number   Contact Person   Contac				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status    \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   \$52.50 Filing Fee Certificate of Status				
Mailing-AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



February 21, 2011

SARA MIZRAJI HOME FASHION DIRECT, INC. 19401 W DIXIE HWY MIAMI, FL 33180

SUBJECT: HOME FASHION DIRECT, INC.

Ref. Number: P93000038724

We have received your document for HOME FASHION DIRECT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name of the person signing the document must be typed or printed beneath or opposite the signature.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 911A00004370

## Articles of Amendment to Articles of Incorporation

of

P9:	3000038	7a4	
(Document Nu	umber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		Ilorida Profit Corporation adopts the	following
A. If amending name, enter the new name	of the corporation:		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	ne designation "Corp," "Inc	c," or "Co". A professional corpora	the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicabl (Mailing address <u>MAY BE A POST OFF</u>		LALL MANAGER	THE THIS 53
D. If amending the registered agent and/or new registered agent and/or the new reg		n Florida, enter the name of the	N2: 53
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	(Florida street d	address)	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent:	•	on.
	Signature of New Registered	d Agent, if changing	

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address **Type of Action** <u>Title</u> Jaime Grosseld 1 3390 Biscayre Bay Dr | Add NM FL 33181 Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) add	
Effective date if applicable: (no n	(date of adoption is required)  OLL ()  nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	,79
(votin	ng group)
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder
Dated 3	49
selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	SALO GOSFEID  (Typed or printed name of person signing)  President
<del></del>	(Title of person signing)