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COVER LETTER

		COVER LETTER		_
TO: Amendment Sec Division of Corp				E PR THOUGH
NAME OF CORPO	RATION: STROUSE INC			
DOCUMENT NUM	005000001500			
	s of Amendment and fee are so	<u> </u>		
		•		
Please return all corre	espondence concerning this ma	atter to the following:		
	THOMAS W STROUSE			
		Name of Contact Perso	n	_
	STROUSE INC			_
		Firm/ Company		-
	P.O. BOX 460118, 501 SW	20TH ST		_
		Address		_
	FORT LAUDERDALE, FL	33315		_
		City/ State and Zip Cod	e	
lasol	asriv2008@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
THOMAS W STROUSE		at (707-0177	
Name of Contact Person		Area Co	de & Daytime Telephone Numb	er
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
	iling Address		Address	
Amendment Section Division of Corporations			Amendment Section Division of Corporations	
P.O	. Box 6327	Clifton		
Tall	ahassee, FL 32314	2661 E		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

STROUSE INC	3 3 3 .	37
(Name of Corporation as currently filed with the Florida Dept. of State)	- Fi	-
P95000001598	و نیمون ریزی	
(Document Number of Corporation (if known)	G.	. :
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing amen	dm
A. If amending name, enter the new name of the corporation:		
	The	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or to "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name noword "chartered," "professional association," or the abbreviation "P.A."	he abbrevia nust contain	utior 1 the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		_
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_
	···	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:, Florida		
(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positi	ion.	
Signature of New Registered 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)

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	THOMAS W STROUSE	P.O. BOX 460118
X Add			FORT LAUDERDALE, FL
Remove			33315
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets	additional Articles, if necessary).	(Be specific)	- -			
						
			·····			
						
						
						
						_
-						
						_
						
						
an amendment provi provisions for implem	des for an exchar	nge, reclassifica dment if not cor	ition, or cancella Itained in the am	tion of issued she endment itself:	ares,	
(if not applicable, i	indicate N/A)					
					<u></u>	
			·	· · · · · · · · · · · · · · · · · · ·		
						_

The date of each amendment	MARCH 18, 2019 (s) adontion:	, if other than the
date this document was signed		, in other than the
Effective date <u>if applicable</u> :	MARCH 19, 2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	MARCH 18" 2019	
Signature		
(B	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	THOMAS W STROUSE	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

DAVID WILLIAM REEVE State of Florida-Notary Public Commission # GG 226092 My Commission Expires June 07, 2022

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