# 946000088/55

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	r)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
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Certified Copies	_ Certificates o	f Status
Special Instructions to		
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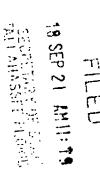
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: BEST W	ISHES FLOWER	S & GIFT	'S. INC
DOCUMENT NUMBER:			0088155	
he enclosed Articles of An	nendment and fee are st	ibmitted for filing	i.	
lease return all correspond	ence concerning this ma	itter to the followi	ng:	
		TERRI GRAY	SON	
		Name of Con	tact Perso	n
		Firm/ Co	mpany	
	3-	49 WEST GRAN	ADA BLY	VD.
		Addre	288	
	0	RMOND BEACT	I, FL 321	74
		City/ State and	l Zip Cod	ť
	SEA	ABREEZE682@C	FL.RR.C	OM 🗸
<del>-</del>	E-mail address: (to be us	sed for future ann	ual report	notification)
or further information conc	erning this matter, pleas	se call:		
ROBERT W. K	IDD, CPA	at (	386	
Name of Cor	tact Person		Area Co	de & Daytime Telephone Number
nclosed is a check for the f	ollowing amount made	payable to the Flo	orida Depa	nrtment of State:
S35 Filing Fee C	3\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filin Certified Co (Additional e enclosed)	- ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A				Address
Amendme		Amendment Section		
Division o P.O. Box (	f Corporations	Division of Corporations Clifton Building		
	e. FL 32314			Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation

#### BEST WISHES FLOWERS & GIFTS, INC.

(Name of C	P96000881	_	Dept. of State)	
	(Document Number of Co			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6. Florida Statutes, this <i>Flo</i>	orida Profit Corporat	ion adopts the following	amendment(s) to
A. If amending name, enter the new name	of the corporation:			
N/A				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp," "Inc," or "Co	". A professional co		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		N/A	78. 1	
				SE
			5.1	7 21
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	M D
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter th	e name of the	
Name of New Registered Agent	TERRIE GRAYSON			
	308 RIO PINAR DR			
	tFlorida street	address)		
New Registered Office Address:	ORMOND BEACH		, Florida 32174	
	(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 position.

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	PD	WILMA A ATKINS	308 RIO PINAR DR
Add			ORMOND BEACH, FL 32174
X Remove			
2) X Change	PTD	TERRIE L GRAYSON	308 RIO PINAR DR
Add			ORMOND BEACH, FL 32174
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change	<del></del>		
Add			
Remove			<del> </del>
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s (Be specific)	<del></del>		
9/A				
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If an amendment provides for an excl	homan modlaggiffantis		of icernd chance	
provisions for implementing the ame				
(if not applicable, indicate N/A)		<del></del> -		
7/A				
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	9/04/18	
The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
date this document was signed.	9/04/18	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this datertment of State's records.	ie will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s cient for approval.	)
	ved by the shareholders through voting groups. The following stateme ch voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
9/04/18		
Dated	1) .0	
Signature	me La Sicoro	
(By a direc	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)	
appointed	nouctary by that nouctary)	
	TERRI GRAYSON	
<del></del>	(Typed or printed name of person signing)	
	PRESIDENT, TREASURER AND DIRECTOR	
_	(Title of person signing)	