## P9700052097

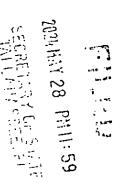
| (Requestor's Name)                      |
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| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

| NAME OF CORPO  | RATION: BARGAIN BOB'S  | CARPETS, INC.  |   | <del>-</del>         |  |
|--|--|--|---|----------------------|--|
| DOCUMENT NUM   | IBER: P97000052097   |  |   | Mar-                 |  |
|  | s of Amendment and fee are su                                      | bmitted for filing.  |   |                      |  |
| Please return all corre  | espondence concerning this ma                                      | itter to the following:  |   |                      |  |
|  | SHAFFINA CALIDEEN  |  |   |                      |  |
|  | Name of Contact Person   |  |   |                      |  |
|  | BARGAIN BOB'S CARPETS, INC.  |  |   |                      |  |
|  |  | Firm/ Company  |   |                      |  |
|  | 3954 BYRON DR  |  |   |                      |  |
|  | Address  |  |   |                      |  |
|  | RIVERA BEACH, FL 33404   |  |   |                      |  |
|  | City/ State and Zip Code (n)                                       |  |   |                      |  |
|  | BARGAINBOBSFLOORING@GMAIL.COM                                      |  |   |                      |  |
|  | E-mail address: (to be used for future annual report notification) |  |   |                      |  |
|  | 2 (  | • • • • • • • • • • • • • • • • • • •                            | <b>,</b>  | 28                   |  |
| For further information  | on concerning this matter, plea                                    | se call:   |   | 2024 KAY 28 PH 11:59 |  |
| SHAFFINA CALID   | EEN  | at (   | 848-0808  | 1.50                 |  |
| Name   | of Contact Person  | Area Co  | de & Daytime Telephone N  | umber                |  |
| Enclosed is a check f  | or the following amount made                                       | payable to the Florida Dep                                       | artment of State:   |                      |  |
| S35 Filing Fee   | S43.75 Filing Fee & Certificate of Status                          | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |                      |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |  | Ameno<br>Divisio   | Address Iment Section on of Corporations entre of Tallahassee                                     |                      |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation of

| (Name of Corporation as c   | currently filed with the Florida Dept. of State)  |
|---|---|
| P97000052097  |   |
| (Document Nu  | umber of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:  | tes, this Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the corpora  | ation:  |
| N/A   | The new   |
| name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation | tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word "P.A." |
| • •   | N/A   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS  |   |
| 1   |   |
|   | <u>-</u>  |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | N/A   |
|   |   |
|   |   |
|   |   |
| D. If amending the registered agent and/or registered off   | fice address in Florida, enter the name of the  |
| new registered agent and/or the new registered office   | address:  |
| Name of New Registered Agent N/A  |   |
|   | me =  |
| (Fi   | Plorida street address)   |
| New Registered Office Address: N/A  | . Florida   |
| New Registered Office Hadress.  | (City) (Zip Code)   |
|   |   |
|   |   |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo   | d Agent:<br>Camiliar with and accept the obligations of the position.   |
| · /   |   |
|   |   |
| <del></del>   |   |
| Signature c   | of New Registered Agent, if changing  |

Check if applicable

[] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

\_\_\_ Remove

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>sv</u>    | Sally Smith       |  |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>       | Address                                  |
| 1) Change                  | PD           | ANDY L CALIDEEN   | 3954 BYRON DR                            |
| Add X Remove               |              |                   | RIVIERA BEACH, FL 33404                  |
| 2) Change                  |              |                   |  |
| Add X Remove Change        | SD           | ANDREW C CALIDEEN | 3954 BYRON DR<br>RIVIERA BEACH, FL 33404 |
| Add Remove                 | P            | SHAFFINA CALIDEEN | 3954 BYRON DR                            |
| Add                        |              |                   | RIVIERA BEACH, FL 33404                  |
| Remove 5) Change Add       |              |                   | SECKET WAY 28 PT                         |
| Remove 6) Change Add       |              |                   | PH 11: 59                                |
|                            |              |                   |  |

| E. If amending or adding additional Article (Attach additional sheets, if necessary). | (Re specific)   |               |
|---|---|---------------|
| N/A   | (De specific)   |               |
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| F. If an amendment provides for an exch   | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |               |
| (if not applicable, indicate N/A)   | numerical net contained in the unconductor tools.   | PH. 1. 59     |
| N/A   |   | 177 <b>(D</b> |
|   |   | <del></del> _ |
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| The date of each amendment(s) adoption:date this document was signed.                            |  | , if other than the                      |
|--|--|--|
| Effective date if applicable:  |  |  |
|  | (no more than 90 days after amendment file date)   |  |
| Note: If the date inserted in this block does not document's effective date on the Department of | ot meet the applicable statutory filing requirements, this State's records.                                    | date will not be listed as the           |
| Adoption of Amendment(s) (CH)  | ECK ONE)   |  |
| The amendment(s) was/were adopted by the i action was not required.                              | ncorporators, or board of directors without shareholder a  | ction and shareholder                    |
| ☐ The amendment(s) was/were adopted by the s<br>by the shareholders was/were sufficient for a    | shareholders. The number of votes cast for the amendme pproval.  | nt(s)                                    |
|  | shareholders through voting groups. The following state group entitled to vote separately on the amendment(s): | rment                                    |
| "The number of votes cast for the amen   | dment(s) was/were sufficient for approval  |  |
| by(votis   | ng group)  |  |
| Dated 05 03 2 1  Signature Shaffera (By a director, president)                                   | O 24  Calideer  dent or other officer – if directors or officers have not bee                                  | en                                       |
| selected, by an incor<br>appointed fiduciary   | rporator – if in the hands of a receiver, trustee, or other co<br>by that fiduciary)                           | ourt                                     |
| Shaffina   | CALIDEEN   |  |
|  | Typed or printed name of person signing)   | <del></del> -                            |
| PRESIDENT  | Г  |  |
| (1   | Title of person signing)   | DOZHHAY 28 PHII: 59<br>DECRETAKY SERVEYE |

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052097

Entity Name: BARGAIN BOB'S CARPETS, INC.

Current Principal Place of Business:

3954 BYRON DR

RIVIERA BEACH, FL 33404

**Current Mailing Address:** 

3954 BYRON DR

RIVIERA BEACH, FL 33404 US

FEI Number: 65-0776332

Certificate of Status Desired: No

FILED

Feb 26, 2024 Secretary of State

7516452603CC

Name and Address of Current Registered Agent:

CALIDEEN, ANDY L 3954 BYRON DRIVE

WEST PALM BEACH, FL 33404 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

PD

Title

SD

Name

CALIDEEN, ANDY L

Name

CALIDEEN, ANDREW C

Address

3954 BYRON DR

Address

3954 BYRON DR

City-State-Zip: RIVIERA BEACH FL 33404

City-State-Zip:

RIVIERA BEACH FL 33404

Title

Name

CALIDEEN, SHAFFINA - to become Persivent

Address

3954 BYRON DRIVE

100% Shannolous

City-State-Zip: RIVIERA BEACH FL 33404

1 hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDY CALIDEEN

PRESIDENT

02/26/2024