P98000025882

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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2018 APR 13 PH 28: \$4

Amend

APR 1 6 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LA-SHAY INC.		
DOCUMENT NUMBI	P98000025882		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
	ROBERT L. MCCALL		
_		Name of Contact Person	1
L	A-SHAY INC.		
_		Firm/ Company	
3	23 KILGORE STREET		
_		Address	
V	VILDWOOD, FL 34785		
_		City/ State and Zip Code	2
LASHA	Y1998@GMAIL.COM		
		sed for future annual report	notification)
For further information ROBERT L. MCCAL	concerning this matter, pleas		. 787-8655
Name of Contact Person		at (Area Co) 787-8655 de & Daytime Telephone Number
	the following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

LA-SHAY INC.	
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P98000025882	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	" "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
	- A
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	
	60
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered o	ince address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signai	ture 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	CLARINE T. MCCALL	323 KILGORE STREET
Add X Remove			WILDWOOD, FL 34785
2) Change	D	LAJUANA FARRIOR JACKSON	323 KILGORE STREET
X Add			WILDWOOD, FL 34785
Remove 3) Change	D	GEROD SMITH	323 KILGORE STREET
Add X Remove			WILDWOOD, FL 34785
4) Change	D	CASSANDRA BALKMAN	323 KILGORE STREET
X Add Remove			WILDWOOD, FL 34785
5) Change			
Remove			
6) Change			
Add			-
Remove			

Attach àdditi	ional sheets, if necessary	v). (Be specific)			
			, <u>=</u>		
					
					
		,			
			<u> </u>		

			- 		
provisions f	ment provides for an exfor implementing the aupplicable, indicate N/A)	mendment if not c	cation, or cancelle ontained in the ar	ation of issued sha nendment itself:	res,
····	·				

	other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
04/09/2018 Dated	
Signature Robert McCall	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ROBERT L. MCCALL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	