P99000004649

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
	_	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
4.24.	19	
<u> </u>	<u> </u>	

Office Use Only



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2019 MAY 16 PH 2: 53

Amendicus

JUN -4 2019 I ALDIZITTON

COVER LETTER

Division of Corporations FACTURY DIROCT TIMES INC. NAME OF CORPORATION: 99000004649 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RANOV SPAIN
Name of Contact Person FACTORY DIRECT TIMES INC.

Firm/ Company

150A Holly WOOD BLVD SE

Address

FOR WACTON BRACH FL 32548

City/ State and Zip Code RANDISPAIN & COX, NCT E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAJA SPAIN at (850), 240 9583

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **™\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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		
FACTORY L	Inect Th	res INC	
		iled with the Florida Dept. of State)	
Py	70000041	<u>, 49</u>	
· (E	Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607,1006, F ts Articles of Incorporation:	Torida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new name of	the corporation:		
NA		The	12/12/2
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp." "Inc." or "Co	"company." or "incorporated" or the abbrevi ". A professional corporation name must contain	ation
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		N/A	<u> </u>
		,	. 2(
			T. 15
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	-	<u>:</u>
			- -
			_ <u></u>
D. If amending the registered agent and/or re new registered agent and/or the new regist		s in Florida, enter the name of the	
Name of New Registered Agent	NA		•
	(Florida street	address)	
New Registered Office Address:		. Florida	
New Negisterea Office Fladress.	С	ity) (Zip Code)	_
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent:	h and accept the abligations of the position	
nerely decept the application is registered as	,cm. rum jumma wa	rum accept the winganiza of the position.	
	Signature of New Reg	istered 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 Dog	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	CFO	HAZEL H. SPAIN) 215 VACHT CLUB DR N. FUM WALTON BIACH FL
X Add			
Remove			32548
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Ar tach additional sheets, if necessary)	. (Be specific)	
		_
·		
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment to not contained in the amendment resen.	
		_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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 wi document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Signature (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)	
(Typed or printed name of person signing)	
Title of person signing)	