

P99000040464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

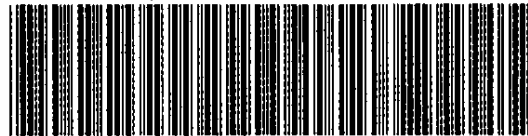
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL 12 A 10:19

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*Amend  
Tleu's  
7-13-10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Emerald Coast Convenience Stores, Inc

**DOCUMENT NUMBER:** P99000040464

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Farquhar

Name of Contact Person

Emerald Coast Convenience Stores, Inc

Firm/ Company

10247 Hwy 9840

Address

Destin, FL 32550

City/ State and Zip Code

TEWMNS744@Hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Farquhar

Name of Contact Person

at ( 334 ) 380-7744

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 &  
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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2010

MELISSA FARQUHAR  
EMERALD COAST CONVENIENCE STORES, INC.  
10247 HWY 98 W  
DESTIN, FL 32550

SUBJECT: EMERALD COAST CONVENIENCE STORES, INC.  
Ref. Number: P99000040464

We have received your document for EMERALD COAST CONVENIENCE STORES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by an officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 710A00016121

RECEIVED  
2010 JUL 12 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2010

MELISSA FARQUHAR  
EMERALD COAST CONVENIENCE STORES, INC.  
10247 HWY 98 W  
DESTIN, FL 32550

SUBJECT: EMERALD COAST CONVENIENCE STORES, INC.  
Ref. Number: P99000040464

We have received your document for EMERALD COAST CONVENIENCE STORES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor.

Letter Number: 310A00015166

Articles of Amendment  
to  
Articles of Incorporation  
of

Emerald Coast Convenience Stores, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

799000040464

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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:

Melissa Farguhar

New Registered Office Address:

10247 Hwy 98 W

(Florida street address)

Destin

(City)

Florida

(Zip Code)

32550

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Melissa D. Farguhar

Signature of New Registered Agent, if changing

FILED  
2000 JUL 12 A 10 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)*

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                         | <u>Type of Action</u>  |
|--------------|-----------------|--|--|
| S/I          | Timothy E Wyett | 1178 County Rd 249<br>Canton, AR 35016 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____           | _____                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____           | _____                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 6-1-2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.

Dated 7-6-10

Signature [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)

Timothy E. Wyatt  
(Typed or printed name of person signing)

owner/Secretary  
(Title of person signing)