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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2010

CHRISTINE L WILLIAMS SHELL BAZAAR 10100 S FEDERAL HWY PORT ST LUCIE, FL 34952

SUBJECT: REKATS ENTERPRISES, INC.

Ref. Number: S21620

We have received your document for REKATS ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 510A00014804

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	Rekats Enterprises, I	nc
DOCUMENT NU	JMBER:	S21620	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	Dignal page attached. Doney and on Thank-you Thank-you
Please return all correspondence concerning this		is matter to the following:	Dignad page
-		hristine L. Williams	attached.
	N	lame of Contact Person	Source and on
ූන	. 4	Shell Bazaar	9/10
		Firm/ Company	Mindle
L. S.		3	· · · · · · · · · · · · · · · · · · ·
7147-	10	100 S. Federal Hwy	1
<u>, ∞</u>	10	Address	•
D Miles	And the second s	Address	:
79 .	层 Port	St. Lucie, Fl. 34952	
•	C	City/ State and Zip Code	
	TheShell	Bazaar@yahoo.com	
	E-mail address: (to be use	ed for future annual report notification)	•
•		•	:
For further inform	ation concerning this matter,	please call:	
- Ch	ristine L. Williams	at (772)	475-0951
	e of Contact Person	Area Code & Daytime T	
Name	of Contact Leison	Area Code & Daytime 1	orephone (value)
Enclosed is a chec	ck for the following amount r	nade payable to the Florida Depa	artment of State:
	☐ \$43.75 Filing Fee &	☐ \$43:75 Filing Fee &	√ □ \$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)
			†
Mailing Address		Street Address	i
Amendment Section		Amendment Section	,
Division of Corporations		Division of Corporations	ı
P.O. Box 6		Clifton Building	
Tallahasse	e, FL 32314	2661 Executive Center Cir	rcle
		Tallahassee, FL 32301	

Articles of Amendment. **Articles of Incorporation**

	٠.	of			FD
•	Rekats Ente	rprises, Inc.			
(Name of Corpora	tion as currently	iled with the Florid	a Dept. of State	81 NOC OLG	PM I. C.
				*. *	. 11 4: 21

921620

321020	- YET ASSESS OF CTATA
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
Shëll Bazaar Inc.	The new
name must be distinguishable and contain the word "corpubbreviation "Corp.," "Inc.," or Co.," or the designation "Condamne must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation
3. Enter new principal office address, if applicable:	10100 S. Federal Hwy
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Port St. Lucie. 34952
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10100 S. Federal Hwy
	Port St. Lucie, Fl. 34952
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad	dress:
Name of New Registered Agent:	;
New Registered Office Address: (Flor	ida street address)
	, Florida
(City,	(Zip Code)
New Registered Agent's Signature, if changing Registered Abereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
	ļ
Signature of Nov	Pagistared Agent if changing

removed and		ch Officer and/or Director being added:	rector being
<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Christopher A. Staker	704 E Fort King St	□ Add
		Ocala, Fr 34471	☑ Remove
Secy	Marilyn L. Staker	104 E Furt King s	†□ Add
		Ocala, FL 34471	☑ Remove
· ,	· .		☐ Add ☐ Remove
		,	
		ange, reclassification, or cancellation of iss Iment if not contained in the amendment i	
	t applicable, indicate N/A)		
			

The date of each amendmen	t(s) adoption: Jui	ne 4, 2010		•	
Effective date <u>if applicable</u> :		(date of ado	ption is require	d)	
Effective date <u>if applicable</u> :	(no more than 9	0 days after an	nendment file d	ate)	
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)			
The amendment(s) was/we by the shareholders was/w			The number of	votes cast for	the amendment(s)
The amendment(s) was/we must be separately provide					
"The number of votes					
by <u>.</u>	- ·	,	·"	. }	
	(voting group)	· · · · · · · · · · · · · · · · · · ·			•
The amendment(s) was/we action was not required.	ere adopted by the	board of direc	tors without sha	areholder actio	on and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators	without shareho	older action an	d shareholder
Dated_Jun	e 10, 2010			:	
Signature _	Chustine of	Willia	ms Pro	miden	<u>t </u>
	y a director, presid				
	ected, by an incorp pointed fiduciary b			eceiver, trusted	e, or other court
		Christin	e L. Williams		
•	(Тур	ped or printed	name of person	signing)	
					•
· , · · ·	·		esident	\$ 	<u> </u>
	(Title of	f person signin	g)		