## 596331

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

Office Use Only



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Amend. 05/18/15

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2015

KAAREN H. JOHNSON THE BOOK EXCHANGE, INC. 1301 N. WOODLAND BLVD. DELAND, FL 32720

SUBJECT: THE BOOK EXCHANGE, INC.

Ref. Number: S96331

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must signaccepting the designation.

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) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 315A00009366

IS MAY 13 PM 12: 25
DEMONTOR STATE

Family Book Shop 1301 N. Woodland Blvd. DeLand, FL 32720

May 11, 2015

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Darlene Connell

RE: The Book Exchange, Inc, Ref: S96331

Dear Ms Connell,

I have signed the registered agent form and returning the Articles of Amendment to you. Please let me know if you require anything more. We appreciate your attention and look forward to getting this taken care of.

Thank you,

Kaaren Johnson

## **COVER LETTER**

TO: Amendment Section Division of Corpor						
NAME OF CORPOR	ATION: The	Book Exch	inge, Inc.			
DOCUMENT NUMBI	er: <u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	condence concerning this ma	tter to the following:				
	Kaaren	H. Johnso	n			
	The Book	Name of Contact Person	<u> </u>	<del></del>		
		Firm/ Company				
_	1301 N	· Woodlar	rd Blud.			
	Doland	Address 30	72.0			
-	Dawn	City/ State and Zip Cod				
£a	milu mokso Nox	Qualino. Ca	AM			
		sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Kaaren Jo	huson	at (386	,736-6501			
Name of	f Contact Person	Area Co	de & Daytime Telephone Nun	nber		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	N SECTION	55 李	PI PI
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	RTHENT OF STA	APR 29 AM 7:	CEIVED
Maili	ing Address	Street	Address	10 A S	59	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

, ,	15 M. FILE.
Articles of Amendment	1/4×13 50
to Articles of Incorporation of	AM11:40
The Book Exchange, Inc.	
(Name of Corporation as currently filed with the Florida)	Dept. of State)
996331	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> its Articles of Incorporation:	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	

A. If amending name, enter the new na	me of the corporatio	n:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ition "Corp," "Inc,'	or "Co". A profession		
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	<del></del>			
D. If amending the registered agent and new registered agent and/or the new	registered office ad		nter the name of the	
Name of New Registered Agent		Woodland  ida street address)	Blud.	
New Registered Office Address:	Deland	(City)	, Florida_	32720 (Zip Code)

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.

Signature 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 <math>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:	•	Similar, Dr. Cal Life 12CC.	
X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>w</u>	<u> Aike Jones</u>	
X Add	SV S	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u> </u>	Lynthia a. Raible	1301 N. Woodland Blud
Add Remove		•	Deland, FL 32720
2) Change	エ	C. Michael Raible	1301 N. Woodland Blod Deland, FL 32720
Remove 3) Change Add	P	Koaren H. Johnson	1301 N. Woodland Blue Deland, FL 32720
Remove 4) Change Add	1	G. Kerry Johnson	1301 N. Woodland Blod Deland, P. 32720
Remove  5) Change Add	And the Annual A		
Remove			
6) Change			
Remove			

	(Be specific)
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, under the industrial industri
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, under the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:

The date of each amendment(s) adoption: \_ , if 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 listed as the document's effective date on the Department of State's records. 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 (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) (Title of person signing)