## N0900007991

(Requestor's Name)
(Address)
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NO DEC -7 PH 3:54

\* Roberts (DEC 17:0 2009

To Whom it my concern,

Please process as soon as possible, We have to meet a deadline to file with I.R.S

Thank You R. R. R. R. Biacucci V.P.

CHECK EXCLOSED

## **COVER LETTER**

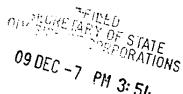
**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: DAV F601	DSERVICE INC	
DOCUMENT NU	mber: <u>N090000</u>	7991	
The enclosed Artic	les of Amendment and fee are sub	mitted for filing.	
Please return all co	rrespondence concerning this matt	er to the following:	
	RICHARD B	IASUCCI Contact Person)	
	(Name of	Contact Person)	
	DAV FOODSEI	racz Inc	
-Mily spectral	(Firm	Company)	
	5904 TROUB	LE CREEK ROAD	
<del></del>	(A	Address)	
	NBW PORT RICHEY (City/Stat	r FL 3335	72
	(City/ Stat	te and Zip Code)	
	E-mail address: (to be use	d for future annual report notific	cation)
For further informa	tion concerning this matter, please	e call:	
RicHar	BIASUCCI' ne of Contact Person)	at (787 ) 845-	8888
(Nan	ne of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departmer	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee Certificate of Status
		(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)
	iling Address	Street Address	· · · · · · · · · · · · · · · · ·
Amendment Section Division of Corporations		Amendment Section Division of Corporati	ons
	D. Box 6327	Clifton Building	OII.
	llahassee, FL 32314	2661 Executive Center	er Circle

Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation



	01	
1 JAn/	FOODSERVICE INC	
١١٧٧	10070210110 7110	_
(Name of Co	orporation as currently filed with the Florida Dept. of State)	
<u></u>	· · · · · · · · · · · · · · · · · · ·	

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	ontain the word "corporation" or "i	
bbreviation "Corp." or "Inc." <u>"Company" or</u>	r *Co." may not be used in the name	•
3. Enter new principal office address, if appl	licable:	
Principal office address <u>MUST BE A STREE</u>	T ADDRESS )	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
). If amending the registered agent and/or re		enter the name of the
D. If amending the registered agent and/or renew registered agent and/or the new regis		enter the name of the
		enter the name of the
new registered agent and/or the new regis		enter the name of the
new registered agent and/or the new regis  Name of New Registered Agent:	stered office address:	enter the name of the
new registered agent and/or the new regis		enter the name of the
new registered agent and/or the new regis  Name of New Registered Agent:	(Florida street address)	
new registered agent and/or the new regis  Name of New Registered Agent:	stered office address:	enter the name of the , Florida (Zip Code)
new registered agent and/or the new regis  Name of New Registered Agent:  New Registered Office Address:	(Florida street address)	
new registered agent and/or the new regis  Name of New Registered Agent:	(Florida street address)  (City)  ng Registered Agent:	, Florida (Zip Code)

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>	Address	Type of Action
			Add Remove
VP	RICHAND BIASUCC!	New Port-Riby, a:	□ Remove
<u> </u>	ANTHONY CONSALVO	Sand Trouble Creek Ede. Chy R News Port R. Chy R	☐ Add ☐ Remove
E. <u>If ameno</u>	ding or adding additional Articles, enter	change(s) here:	

 In order to meet the organizational test for exemption under section 501(c)(3), your Articles of Incorporation must be amended

with the State of Florida to include the following provisions:

Insumah additional about if manageami) - (Re enerific) -

- a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

PLEASE SUBMIT A COMPLETE COPY OF THIS AMENDMENT. SINCE YOU ARE INCORPORATED IN THE STATE OF FLORIDA, THE COPY THAT YOU SUBMIT TO US MUST SHOW THAT IT HAS BEEN PROPERLY FILED AND APPROVED BY YOUR APPROPRIATE STATE AGENCY. WE CANNOT ACCEPT A COPY STAMPED "RECEIVED".

	*	 
I	Page 2 of 3	

The date of each amendment(s) a	idoption:/2/2/09
Effective date if applicable:	12/7/09
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	dopted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated <u> </u>	109
Signature <i>O</i>	nth Consolo
have not	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
	SECRETURY
	(Title of person signing)