

POZ000111438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

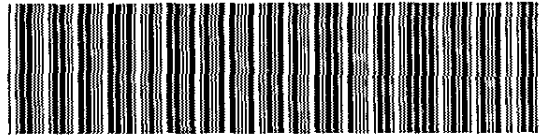
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Gave OK to
add Date of
Adoption
up



700109629457

10/04/07--01003--007 **35.00

FILED
07 OCT -4 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
SF



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2007

John Procacci
The Health Chef, Inc.
619 N. Eola Dr.
Orlando, FL 32803

SUBJECT: THE HEALTHY CHEF, INC.
Ref. Number: P02000111438

We have received your document for THE HEALTHY CHEF, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The date of adoption of the amendment must be reflected in your document.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 907A00055931

RECEIVED
2007 OCT -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Healthy Chef, Inc

DOCUMENT NUMBER: P02000111438

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

Please return all correspondence concerning this matter to the following:

John Procacci

(Name of Contact Person)

The Healthy chef, inc

(Firm/ Company)

619 N. Sola Dr.

(Address)

Orlando, FL 32803

(City/ State and Zip Code)

For further information concerning this matter, please call:

John Procacci

(Name of Contact Person)

at (407) 339-2433

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

RECEIVED
2007 SEP 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

07. OCT -4 PM 12: 26

The Healthy Chef

(Name of corporation as currently filed with the Florida Department of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO2000111438

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

PO2000111438 - adding Corp. Shares a total of
1,000,000 to Article IV

Article II Business address 1435 Howell Branch Rd
Winter Park, FL 32789

mailing address 619 N. Eola Dr
Orlando, FL 32803

Article V (change address) 619 N Eola Dr
Orlando, FL 32803

(Attach additional pages if necessary)

If an amendment provides for 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)

Article VI (change address) 619 N. Eola Dr
Orlando, FL 32803

Article VII (change address) 619 N. Eola Dr
Orlando, FL 32803

(continued)

The date of each amendment(s) adoption: 9-15-07

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

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

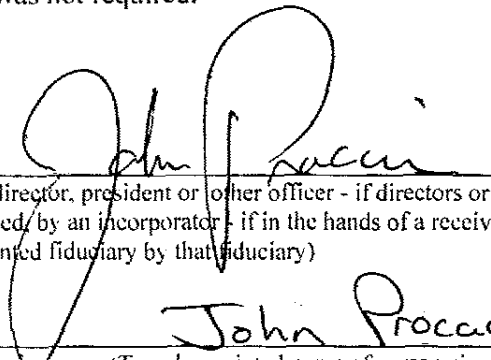
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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.

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)

John Procacci
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35