294487

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fact-O-Bake of Da	aytona, Inc.	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Clyde Webb		
		Name of Contact Persor	1
	Fact-O-Bake of Daytona, Inc		
		Firm/ Company	
	1590 N. Nova Rd.		
		Address	
	Holly Hill, FL 32117		
		City/ State and Zip Code	:
facto	bakedaytona@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Clyde Webb		at (386	299-3386 de & Daytime Telephone Number
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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			Address

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

Articles of Amendment to Articles of Incorporation of

Fact-O-Bake of Daytona, Inc.

1 det-O-Dake of Daytotal, the.					
(<u>Name</u>	of Corporation as cu	irrently filed with the Florid	a Dept. of State)		•
294487					
	(Document Nur	mber of Corporation (if known	1)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statute	es, this Florida Profit Corpora	ation adopts the following	g amend	Iment(s) to
A. If amending name, enter the new n	ame of the corporati	ion:			
				_The r	1ew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associates. B. Enter new principal office address, (Principal office address MUST BE A S	nation "Corp," "Inc. tion," or the abbrevia if applicable:	" or "Co". A professional c ation "P.A."			
(Fracipal typice dualess MOST INE A S	TREET ADDRESS)				_
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>			ALUAHASSEE, FL	1)7 GCT 23 PH	- FILED
			물되	ယှ	
D. If amending the registered agent an new registered agent and/or the new			he name of the	52	_
·	Clyde Webb				
Name of New Registered Agent	-		· ·	-	
	1590 N. Nova Rd.			_	
	(Flo.	orida street address)			
New Registered Office Address:	Holly Hill		. Florida 32117		
		(City)	(Zip C	lode)	_

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 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: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VD	Helen Irene Webb	1159 Oakview Dr	
Add X Remove			Holly Hill, FL 32117	
2) Change	PD	Alfred Webb, Jr.	1159 Oakview Dr	
Add			Holly Hill, FL 32117	
X Remove				
3) Change	P	Clyde Webb	1590 N. Nova Rd	
X Add			Holly Hill, FL 32117	
Remove				
4) Change	V	James Alfred Webb	1590 N. Nova Rd	
X Add			Holly Hill, FL 32117	
Remove				
5) Change				
Add				
Remove			-	
δ) Change				
Add				
Remove				

	(Be specific)
	
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CH</u>	ECK ONE)	
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendment(s) approval.	
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
	edment(s) was/were sufficient for approval	
by(voti	<u></u>	
(voti	ing group)	
☐ The amendment(s) was/were adopted by the baction was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the i action was not required.	incorporators without shareholder action and shareholder	
Dated/0 - 6 Signature Halen	- 17	
Signature Haller	dreme Wella	
(By a director, president)	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court	
Helen Irene	Webb	
(Typed or printed name of person signing)	-
Vice Preside	ent	
	(Title of person signing)	