

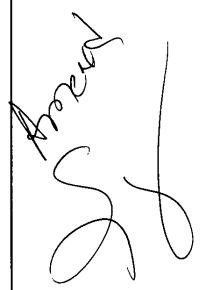
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: THE DONUT PLACE INC				
DOCUMENT NUMBER: F94022				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this	matter to the following:			
	ERLY JONES une of Contact Person			
THEDONUT PLACE INC DBA SOUTHERN KITCHEN Firm/Company				
801 N FEDERAL	HIGHWAY Address	<del></del>		
LAKE PARK F1	ORIDA 33403 y/State and Zip Code			
E-mail address: (to be used	OL.COM for future annual report notification)	<del></del>		
For further information concerning this matter, p	please call:			
Name of Contact Person at (561) 6282371  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount ma	ade payable to the Florida Depar	tment of State:		
■ \$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	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

	Articles of Amendment	and the second of the second o
	to	20, 11
• • • • • • • • • • • • • • • • • • •	Articles of Incorporation	The Man of the
	of	
THE DONUT PLACE	. u d	State)
	ently filed with the Florida Dept. o	f State)
F 9/	4022	
(Document Nur	nber of Corporation (if known)	
rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following
If amending name, enter the new name o	f the corporation:	
		The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the		
me must contain the word "chartered," "pro		
·		
Enter new principal office address, if app	olicable:	
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Enter new principal office address, if apprincipal office address MUST BE A STREE  Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new registered Agent:	er ADDRESS )  CE BOX  registered office address in Florida istered office address:	

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## 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)

Title ·	Name	Address	Type of Action
<u>VP</u>	MARK B KEDWN	146 Hidden Hollow Tem Palm Beach Gardens Florida 33418	✓ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter coional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	<u>6-1-2010</u>		
, (date of adoption is required)			
Effective date if applicable: (no more that	n 90 days after amendment file date)		
•			
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.		
	y the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):		
"The number of votes cast for the an	nendment(s) was/were sufficient for approval		
by	19		
(voting group	<i>)</i> )		
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder		
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder		
Dated $5-25-6$	2010		
Signature Julie Julie Goves  (By a director, president of 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)			
	• •		
Kir	MBERLY M JONES Typed or printed name of person signing)		
(	Typed or printed name of person signing)		
PRESIDENT			
(Title of person signing)			