K 88944

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2021 NOV -2 AM 8: 59
SECRETARY OF STATE
TAIL AHASSEE, FLORE

2021 NOV -2 AM 8:1

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: C-K Produce, Inc.			
DOCUMENT NUM	K 66043			
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	Joseph K. Lopez			
	Name of Contact Person			
		Firm/ Company		
	501 E. Kennedy Blvd., Suite	1700		
	Address			
	Tampa. FL 33602			
	City/ State and Zip Code			
	Jlopez@bankerlopez.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
	of Contact Person	at (_)	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am	iling Address endment Section ision of Corporations	Amend	Address ment Section n of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

C-K Produce, Inc.

FILED 2021 NOV -2 AM 8: 59

(<u>Name (</u>	of Corporation as current	ly filed with the Florida	Dept. of States RETARY OF STARE
K88944			A Dept. of State TARY OF STATE TALLAHASSEE, FL (1941)
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpora	tion adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc." or "Co".	A professional corporal	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applications (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new control of	OFFICE BOX) ad/or registered office add		he name of the
Name of New Registered Agent	501 E. Kennedy Blvd., St		
		reet address)	
New Registered Office Address:	Tampa	,	, Florida 33602
New Meganes on Coppet Metal Con-		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar Signature of New	t: with and accept the oblig PR. Wistered Agent, if chan	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>V</u>	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	PD	Stephen D. Kocsis	2801 E. Hillsborough Ave.
Add			Tampa, FL 33610
X Remove			
2) Change	PD	Joseph K. Lopez	2801 E. Hillsborough Ave
X Add			Tampa, FL 33610
Remove 3) Change	VTD	J.D. Taylor	2801 E. Hillsborough Ave.
X Add			Tampa, FL 33610
Remove			
4) Change	SD	Alan Schubel	2801 E. Hillsborough Ave.
X Add			Tampa, FL 33610
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)			
				
			-	
				
<u> </u>				
				
		<u>_</u>		
		<u> </u>		
		_	.	
f on annual description ()	1 10			
f an amendment provides for an exch- provisions for implementing the amer	inge, reclassification, or ci idment if not contained in	the amendment	<u>itself:</u>	
(if not applicable, indicate N/A)				
		-		

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 the document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	r action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amenda e sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s).	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	Joseph K. Lopez	
	(Typed or printed name of person signing)	
	Personal Representative, Estate of Stephen D. Kocsis	
	(Title of person signing)	·· ·