N000000002094

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE DIVISION OF CORPORATIVE

MEY S. JUB



Division of Corporations

May 10, 2018

DOUG BURNS DOUG BURNS, PA 2559 NURSERY ROAD, SUITE A CLEARWATER, FL 33764

SUBJECT: HUNGRY HOWIE'S ADVERTISING FUND - FLORIDA, INC.

Ref. Number: N00000002094

We have received your document for HUNGRY HOWIE'S ADVERTISING FUND - FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 918A00009741

www.sunbiz.org

Douglas J. Burns, P.A.

—Certified Public Accountant— —Attorney at Law—

2559 Nursery Road, Suite A Clearwater, Florida 33764

Licensed to Practice in Florida and Georgia

Telephone: 727,725,2553

Facsimile: 727.725.9584

Email: dburnspa@tampabay.rr.com

May 21, 2018

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Hungry Howie's Advertising Fund - Florida, Inc.

Amended form

Dear Sirs.

Enclosed please find Articles of Amendment for the above company. The \$35 check was previously sent with the original forms.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

Kathleen Gassen

Administrative Assistant

RECEIVED

LCRETARY LL AHASSE

COVER LETTER

,TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Hungry Howie's Adv	ertising Fund - Fl	orida, In	c.		
	00000002094					
DOCUMENT NUMBER:					· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Ame	ndment and fee are subm	nitted for filing.				
Please return all corresponden	ce concerning this matte	er to the following	:			
Doug Burns						
		(Name of Contact	t Person)	ı		-
Doug Burns, PA						
		(Firm/ Comp	any)			
2559 Nursery Road, Suite A						
		(Address))	_		
Clearwater, Florida 33764						
		(City/ State and Z	ip Code)	ı		
dburnspa@tampabay.rr.com						
E-n	nail address: (to be used	for future annual	report no	tification)	
For further information concer	ning this matter, please o	call:				
Doug Burn s			727 at		725-2553	
1)	Name of Contact Person)	<u> </u>		a Code)	(Daytime Telep	hone Number)
Enclosed is a check for the fol	lowing amount made pay	yable to the Florid	la Depart	ment of S	tate:	
\$ 35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	S43.75 Filing F Certified Copy (Additional copenclosed)		Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

Articles of Amendment to Articles of Incorporation of

Articles of Incor of	poration
Hungry Howie's Advertising Fund - Florida, Inc.	
(Name of Corporation as currently filed	with the Florida Dept. of State)
N0000002094	
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Fl</i> amendment(s) to its Articles of Incorporation:	orida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	

name must be distinguishable and contain the word "co	arnovation" or "incorporated	The nev
"Company" or "Co." may not be used in the name.	эгрогинон от інсогрогицей	or the aboreviation Corp. or the.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	0	
D. If amonding the registered agent and/or registers	d office address in Florida	outon the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
		enter the name of the
new registered agent and/or the new registered of	ffice address:	enter the name of the
new registered agent and/or the new registered of New Registered Agent:	ffice address:	rida street address)
new registered agent and/or the new registered of New Registered Agent:	ffice address:	

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 X Remove X Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	D	Barry Devine	2109-D Main Street
Add			Dunedin, Florida 34698
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary)). (Be specific	<i>i)</i>				
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	date of each amendment(s) ad	option:	, if other than the
date	this document was signed.	,	
Effe	ective date if applicable:		
		(no more than 90 days after amendment file date)	
<u>Not</u> doc	e: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will a partment of State's records.	not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
×	The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
	There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated	5/3/18	
	Signature	Lohan	
	(By the chair have not be	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Jennifer l	Heam	
		(Typed or printed name of person signing)	
	President		
		(Title of person signing)	