

N070000006587

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6380

From: Account Name : ALRON ENTERPRISES, INC.
Account Number : I20000000113
Phone : (321) 951-7626
Fax Number : (321) 723-8218

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TALLAHASSEE, FLORIDA
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BREAD OF LIFE, INC.

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Fax: 321-723-8218

Oct 21 2009

8:54

P.03

H07000006587

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Bread of Life, Inc.

DOCUMENT NUMBER: N07000006587

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

Please return all correspondence concerning this matter to the following:

Phillip P. Lambrelli
(Name of Contact Person)

Bread of Life, Inc.
(Firm/ Company)

5275 Babcock St. N.E., Suite 4
(Address)

Palm Bay, FL 32905
(City/ State and Zip Code)

bread-of-life@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip Lambrelli at (321) 951-4804 or ^{cell} 321-266-4331
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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☐ \$52.50 Filing Fee
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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

ALRON
850-617-6381

Fax:321-723-8218
10/21/2009 9:17:42 AM

Oct 21 2009
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8:54 P.02
FAX DRIVER



October 21, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BREAD OF LIFE, INC.
5275 BABCOCK ST. N.E.
SUITE 4
PALM BAY, FL 32905US

SUBJECT: BREAD OF LIFE, INC.
REF: N07000006587

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There's a (period after (INC) in the corporate name.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H09000224022
Letter Number: 309A00033558

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ALRON
850-617-8381

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10/20/2009 3:08:31 PM PAGE 1/001 Fax server



October 20, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BREAD OF LIFE, INC.
275 BARCOCK ST. N.E.
SUITE 4
PALM BAY, FL 32905US

SUBJECT: BREAD OF LIFE, INC.
REF: N07000006587

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There's a (period) after (INC) in the corporate name. And please note that the event file date is the date the document is filed in the office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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>Pres/T</u> Chairman of Board of Directors	<u>Yolinda F. Walro</u>	<u>231 Penke St. N.E.</u> <u>Palm Bay, FL 32907</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres</u> Chairman of Board	<u>Phillip P. Lambrelli</u>	<u>1856 Saracen Ave S.E.</u> <u>Palm Bay, FL 32909</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Sec.</u>	<u>Carla Scott-Mason</u>	<u>701 Caballero Ave. S.E.</u> <u>Palm Bay, FL 32909</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SEC</u>	<u>Sharon Sargo</u>	<u>1429 Kaslo Cir. N.W.</u> <u>Palm Bay, FL 32907</u>	<input checked="" type="checkbox"/> Add

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Lillian Lambrelli 1856 Saracen Ave, S.E., Palm Bay FL 32909 Remove
Bruce Burner 255 Utopia Circle, Merritt Island, FL 32952 REMOVE

