M10000001017

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TO: Amendment Section Division of Corporations

Division of Corporations				
NAME OF CORPORATION: TASTE OF HOME GAINESVILLE, INC.				
DOCUMENT NUMBER: N1000001017				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SCOTT COSTELLO				
(Name of Contact Person)				
TASTE OF GAINESVILLE, INC.				
(Firm/ Company)				
4140 NW 37TH PLACE, SUITE D				
(Address)				
GAINESVILLE, FL 32606				
(City/ State and Zip Code)				
SCOTT@HOMEMAGAZINEGAINESVILLE.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
ESTHER MALLARD (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(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:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the		<u>te</u>)	
N1000001017			
(Document Number of Co.	rporation (if known)		•
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	t For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpo	oration:		
TASTE OF GAINESVILLE, INC.			The new
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	poration" or "incorpo		or "Inc."
B. Enter new principal office address, if applicable:	N/A	garages. Stag	
(Principal office address <u>MUST BE A STREET ADD</u> RE	ESS)		72
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. E
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	- Fig	T PH I
			မ္
		y y i	. <u>C</u> J
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		rida, enter the name of the	
Name of New Registered Agent: N/A			
New Registered Office Address:	(Florida street addres	(5)	
N/A		rii.i.	
	City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as		ecept the obligations of the position.	
Signature of New R	Registered Agent, if cha	anging	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam	ıe, 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	Not	APP	licable
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 Add Remove					
2) Change Add Remove					
3) Change Add Remove					
4) Change Add Remove				·	
5) Change Add Remove					
6) Change Add Remove					

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
Not	Applicable		
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The	date of each amendment(s) adoption: 5/23/12	
	ective date if applicable: 5/23/12	
	(no more than 90 days after amendment file date)	•
Ada	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 5/23/12	
	Signature // // Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	SCOTT A. COSTELLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	