# N10000003242

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Dunis and Fakka Name)                  |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| · —                                     |
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| Special Instructions to Filing Officer: |
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Office Use Only



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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPORATION: FEED ING THE STREET, INC  |   |             |  |
|--|---|-------------|--|
| DOCUMENT NUMBER: N/000000 3242   |   |             |  |
| The enclosed Articles of Amendment and fee are submit  | tted for filing.  |             |  |
| Please return all correspondence concerning this matter t                                      | to the following:   |             |  |
| MICHAEL BOSCO (Name of Contact Person)   |   |             |  |
| (Name of Co  | ntact Person)   |             |  |
| FEEDING THE STREET INC   |   |             |  |
| 1507 NW 25 AVZ<br>(Address)  |   |             |  |
| (Add   | lress)  |             |  |
| CAPE CONAL, FL 33983 (City/State and Zip Code)   |   |             |  |
| E-mail address: (to be used for future annual report notification)                             |   |             |  |
| For further information concerning this matter, please ca                                      | all:  |             |  |
| MICHAEL BOSCO (Name of Contact Person)   | at 239, 297-8900  | <u>&gt;</u> |  |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Num  | ber)        |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |   |             |  |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status                                     | □ \$43.75 Filing Fee & □ \$52.50 Filing Certified Copy Certificate of Standard Copy (Additional copy is enclosed) (Additional Copy is enclosed) | Status      |  |
| 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** Articles of Incorporation

|  | 01   | APR                        |
|--|--|----------------------------|
| FEEDING THE S  | MESTITUC.  | APR-9 AM                   |
| (Name of Corporation as currently  | filed with the Florida Dept. of S  | tate)                      |
| N1000000 3242  |  | SEE. FLO                   |
|  | of Corporation (if known)  |                            |
| ( let un in  |  |                            |
| Pursuant to the provisions of section 617.1006, Flori<br>the following amendment(s) to its Articles of Incorp  | The state of the s | Profit Corporation adopts  |
| A. If amending name, enter the new name of the   | corporation:   |                            |
| The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co |  | corporated" or the         |
| B. Enter new principal office address, if applicab   | ole:   |                            |
| (Principal office address <u>MUST BE A STREET AL</u>   |  |                            |
|  |  |                            |
|  |  |                            |
|  |  |                            |
| C. Enter new mailing address, if applicable:   |  |                            |
| (Mailing address MAY BE A POST OFFICE B  | 8 <b>0X</b> )  |                            |
|  |  | <del> </del>               |
|  |  |                            |
|  |  |                            |
|  | <del></del> .  |                            |
|  |  |                            |
| D. If amending the registered agent and/or regist<br>new registered agent and/or the new registere   |  | nter the name of the       |
| new registered agent and/or the new registere  | u office address.  |                            |
| Name of New Registered Agent:  |  |                            |
|  |  | <del></del>                |
|  |  |                            |
| New Registered Office Address:   | (Florida street address)   |                            |
|  |  | D(4-                       |
|  | (Cin.)   | , Florida<br>(Zip Code)    |
|  | (City)   | (Lip Code)                 |
| New Registered Agent's Signature, if changing Re   | egistered Agent:   |                            |
| hereby accept the appointment as registered age position.  |  | ept the obligations of the |
|  |  |                            |
| Signa  | ture of New Registered Agent, if ch  | nanging                    |

# 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)

| <u>Title</u> | Name   | Address                                   | Type of Action                        |
|--------------|--|---|---------------------------------------|
| <u>C 20</u>  | MICHAEL BOSCO  | 1507 NW 25 AVE<br>CAPE COLAY FL<br>33993  | ☐ Add<br>☐ Remove                     |
| <u>vP</u>    | KEN BOSCO  | 1 ALLEN PLACE<br>SLOATS BULL, NY<br>10974 | ☐ Add<br>☐ Remove                     |
| PAES         | AMY WOLCOTT  | 1507 NW 25 AVE<br>CAPE CONAL FEL<br>33993 |                                       |
|              | or adding additional Articles, enter chional sheets, if necessary). (Be specific |   |                                       |
|              |  |   |                                       |
|              |  |   |                                       |
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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)

| <u>Title</u> | <u>Name</u>  | Address                                   | Type of Action    |
|--------------|--|---|-------------------|
| <u>v</u> D   | AMY WOLCOTT  | 1507 NW 25 AVE<br>CAPE CONAL, FL<br>33993 | Add Remove        |
| <u>vp</u>    | ALANYS SH. BOSCO   | 1507-WW 25 AVE<br>CAR COURL, FR<br>33993  | ☐ Add ☐ Remove    |
| TREA         | SENEY 13. BOSCO  | CAPE CORAL FL<br>33P17                    | ☐ Add<br>☐ Remove |
|              | g or adding additional Articles, enter c<br>tional sheets, if necessary). (Be specific |   |                   |
|              |  |   |                   |
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|              |  |   |                   |

| The date of each amendment(s) adoption:   | - 6 2010  |
|---|---|
| Effective date if applicable:   | ption is required) APRIL 6 2010   |
|   | after amendment file date)  |
| Adoption of Amendment(s) (CHECK ONE)  |   |
| The amendment(s) was/were adopted by the members and the was/were sufficient for approval.  | he number of votes cast for the amendment(s)  |
| There are no members or members entitled to vote on the a adopted by the board of directors.  | mendment(s). The amendment(s) was/were  |
| Dated 4-6-10  | <u> </u>  |
| Signature  (By the chairman or vice chairman or have not been selected, by an incorporate of their court appointed fiduciary by the | of the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or nat fiduciary) |
| Typed or printed n  | cott name of person signing)  |
| President (Title of pers  | on signing)   |

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