# N10000003525

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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Amend

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#### **COVER LETTER**

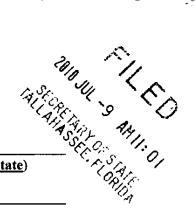
Division of Corporations
NAME OF CORPORATION: BIVE OVER KITCHENS
DOCUMENT NUMBER: NICOCOCO 3525
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vol Leitner
(Name of Contact Person)
Blue Oven kitchens (Firm/Company)
4048 NW 30th P) (Address)
Gainesville FL 32606-6633 (City/State and Zip Code)
Valeblueoven kit chens orch E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Val Laitner at 352 278.7518  (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 □\$43.75 Filing Fee & □\$52.50 Filin

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**



(Name of Corporation as currently filed with the Florida Dept. of State)

N1000000 3525

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

w name must be distinguishable and coation "Corp." or "Inc." "Company" or				rporated" or the
er new principal office address, if app	licable:	4048	NW 1	
pal office address <u>MUST BE A STREE</u>	<u>TADDRES</u>	(Gaines	ville	JE 120
er new mailing address, if applicable:		40481	1141 3	An 01
niling address <u>MAY BE A POST OFFIC</u>	CE BOX)	· · · · · · · · · · · · · · · · · · ·		
		Boines	ville	FC 391
		Boines	ville	-) EC 391
		ffice address in Flo		<u> </u>
registered agent and/or the new regis		ffice address in Flo		<u> </u>
registered agent and/or the new regis		ffice address in Flo		<u> </u>
registered agent and/or the new regis  Name of New Registered Agent:	stered office	ffice address in Flo	orida, ente	<u> </u>
registered agent and/or the new regis  Name of New Registered Agent:	stered office	ffice address in Floe address:  Florida street addre	orida, ente	er the name of the
mending the registered agent and/or registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:	stered office	ffice address in Flo e address:	orida, ente	er the name of the

## 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 <u>Name</u> Type of Action ☐ Add ☑ Remove -E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 7 1 1 0
(data of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
( )
Adoption 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 7 1 10
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)
(Typed or printed name of person signing)
Board Chairman & President (Title of person signing)

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