

N18000005806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

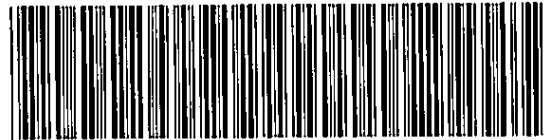
(Business Entity Name)

(Document Number)

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08/20/18--01009--014 **35.00

2018 SEP 10 PM 10 22

AUG 21 2018
2:10 PM

SEP 11 2018
1:10 PM

Accuwrite Business Group, Inc.

Mary Ann Carlson, E.A., A.T.P., A.T.A.

165 Wells Road Suite 304

Orange Park, FL 32073

Office-904-278-1727

Fax -904-278-2449

Maryann@abgaccounting.com

Website – abgaccounting.com

2018 SEP 18 PM 4:22
COMMUNICATIONS SECTION

September 4, 2018

Florida Department of State
Division of Corporations
Amendment Section

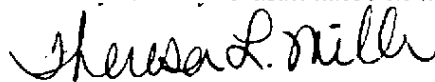
Subject: The Empowered Kitchen, Inc.
Doc # N18000005806
Regarding: Amendment to the Articles of Incorporation

We previously sent in the wrong form to make a name correction to the Articles of Incorporation for The Empowered Kitchen, Inc. Also, with a payment of \$35.00. Please see enclosed copy of check.

Please see the new Amendment to the Articles of Incorporation for The Empowered Kitchen, Inc. for a name change. The Owner / PST is still the same person it's just that she uses an abbreviation for her first name on most documents but her bank is requiring her to have her full name on the Articles of Incorporation and it must appear the same as her identification.

Please let us know if you need any additional information for this name change.

Thank you for your assistance in this matter.



Theresa (Terri) Miller
Accuwrite Business Group, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE EMPOWERED KITCHEN INC

DOCUMENT NUMBER: N18000005806

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

Please return all correspondence concerning this matter to the following:

RUTH CHRISTINE BROWN

(Name of Contact Person)

THE EMPOWERED KITCHEN INC

(Firm/ Company)

165 WELLS RD. SUITE 304

(Address)

ORANGE PARK, FL 32073

(City/ State and Zip Code)

TERRI@ABGACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRI MILLER

904

278-1727

at

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

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

2010 SEP 16 PM 4:28

Articles of Amendment
to
Articles of Incorporation
of

THE EMPOWERED KITCHEN INC

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

N18000005806

(Document Number of Corporation (if known))

2018 SEP 18 PM 4:28

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:

A. If amending name, enter the new name of the corporation:

N/A The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PST</u>	<u>R. CHRISS BROWN</u>	<u>165 WELLS RD, SUITE 304</u>
<input type="checkbox"/> Add			<u>ORANGE PARK, FL 32073</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PST</u>	<u>RUTH CHRISTINE BROWN</u>	<u>165 WELLS RD, SUITE 304</u>
<input checked="" type="checkbox"/> Add			<u>ORANGE PARK, FL 32073</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			

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

N/A

JUNE 14, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

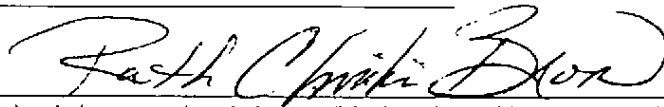
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

JUNE 14, 2018

Dated

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)

RUTH CHRISTINE BROWN

(Typed or printed name of person signing)

PRESIDENT / SECRETARY / TREASURER

(Title of person signing)