N31693

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C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NORTH Fluripa Frezen REFRIZERATED FOOD 19854
DOCUMENT NUMBER: N 31693
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS R. Gentry (Name of Contact Person)
NUITH FICE ID A TICZPIN REFRIGERATED FOUND ASSA. (Firm/Company)
2719 BRANDY DUCK TEAIL (Address)
JACKSUNVIlle, FL 32223 (City/ State and Zip Code)
Admin & Col Foods Wirth Floring, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at $\frac{904 - 233 - 3747}{\text{(Area Code)}}$ (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

NORTH FloriDA F	ROZEN REFRIGERATED took ASN.
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
M 51693	2. 721
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp." "Inc." or "Co "chartered," "professional association," or the abbreviation "	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	ST. Johns FL. 32259
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS PROVE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	e address in Florida, enter the name of the ldress:
Name of New Registered Agent Tim F	MCNAMARA 3
1112 8	AWNER PLACE
(Flor	eida street address)
New Registered Office Address:	City) Florida 22259 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	uiliar with and accept the obligations of the position.
June 7 Wild	New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.012	

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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	New-
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u> </u>	DALE RAY	4/14 Sun beam Rd Suite #200
Remove			JACKSONVILLE, PC
2) Change Add			3225
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
			
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The date of each amendment(s) adopti	on: NA	, if other than the
date this document was signed.		
date this document was signed.		
	Ki O	
Effective date if applicable:	19 7	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d	oes not meet the applicable statutory filing requirements, this dat	e will not be listed as the
document's effective date on the Departr	ment of State's records.	
•		
Adoption of Amendment(s)	(CHECK ONE)	
	· · · · · · · · · · · · · · · · · · ·	
☐ The amendment(s) was/were adopte	ed by the members and the number of votes east for the amendme	ent(s)
was/were sufficient for approval.	of the monitors and the number of total sact for the amendant	· '

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 10/1/21
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) 1740mas R. Gentrey
(Typed or printed name of person signing)
(Title of person signing)