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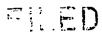
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	Bigun's Bar-B-Q. I RATION:	nc.	
	P01000071626		
DOCUMENT NUM	Br.K:		<del></del>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael Cullum		
	Bigun's Bar-B-Q, Inc.	Name of Contact Persor	1
		Firm/ Company	
	7280 Sunshine Grove Rd		
	Brooksville, FL 34613	Address	
		City/ State and Zip Code	2
	Ocullum@tampabay.rr.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Michael Cullum		352 at (	232-6877
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	A\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 ?	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of



(Name o	f Corporation as currently	filed with the Florida Dep	<u>ı. वर्डस्थान, एउ ।</u>	7 AH 7:53
P01000071626				MIGE STATE
	(Document Number of	Corporation (if known)		OF STATE SEE, FL
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this I	Horida Profit Corporation a	dopts the following	ng amendment(s)
A. If amending name, enter the new na N/A	ime of the corporation:			W.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered, ""professional association,"  B. Enter new principal office address, (Principal office address MUST BE A ST	'orp," "Inc," or "Co", A or the abbreviation "P.A." if applicable:			
Enter new mailing address, if appli (Mailing address MAY BE A POST (	cable:	N/A		
<ol> <li>If amending the registered agent an</li> </ol>	d/or registered office addr	ess in Florida, enter the na	me of the	
new registered agent and/or the new	<u>v registered office address:</u> - Michael Cullum			
Name of New Registered Agent	Witchaet Curum			_
	14454 Copeland Way			
New Registered Office Address:	(Florida stre Brooksville	et address)	34604 . Florida	_
	1	City	(Zip	Coder
New Registered Office Address:  New Registered Agent's Signature, if chartery accept the appointment as registered.	Brooksville  nanging Registered Agent: ered agent. I am familiar w	Cityo	. Florida <u>(Zip</u> (Zip) is of the position.	Coder

Check if applicable

Bigun's Bar-B-Q, Inc.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ F = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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.

X Change	PT	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action	<u>Title</u>	Name	<u>Addres</u> s			
(Check One)	DP	David Cultum	4476 Kingston Dr			
1) Change		<del></del>	Hernando Beach, FL 34607			
Add X						
Remove	DV	Tami Cullum	4476 Kingston Dr			
2) Change			Hernando Beach, FL 34607			
Add X						
Remove 3 ) Change	DP	Michael Cullum	14454 Copeland Way			
X Add			Brooksville, FL 34604			
Remove	DV	Olivia Cullum	14454 Copeland Way			
4) Change X Add			Brooksville, FL 34604			
Remove						
51 Change						
Add						
Remove						
6) Change		_				
Add						
Remove						

(Attach ada	litional sheet	additional A s, if necessary	). (Be spec	ific)	<del></del> -			
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<u>provision</u>	<u>s ior impien</u> Lannlicable	indicate N/A)	menament ii	not contained	l in the amen	ament itsen:		
ν Α/Α	t appricance.	1741640 (17.17						
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• •	
The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action ar action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
Dated	
Dated	
Signature  (By a director, president or other officer – if directors or officers 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)	
•	
(Title of person signing)	