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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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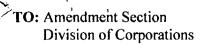
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01/18/11--01013--020 **43.75



Anena C.COULLIETTE FEB 04 2011 EXAMINER

COVER LETTER



NAME OF CORPORATION: Delicious Citrus, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VICKIE Blakemore. Name of Contact Person
Delicious Citrus, Inc.
3207 Avenue "D"
Fort Pierce, FL 3334947 City/State and Zip Code
Vickieblakemore 10 001.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VICKIE Blakemore at (1772) 429-5590 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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2011

VICKIE BLACKMORE DELICIOUS CITRUS, INC. 3207 AVE D FT PIERCE, FL 34947

SUBJECT: DELICIOUS CITRUS, INC.

Ref. Number: P01000095255

We have received your document for DELICIOUS CITRUS, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Is there a reason why you have not filled out page one of the application to amend? There is no name or document number showing on your document,how do we know what you are trying to amend? I picked up the name I am showing on your letter from the cover letter, so if this is the corporation name, you must have it on the actual amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 111A00001681

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Articles of Amendment

, to

Articles of Incorporation of

	O1		
Delicious	CHOUS	Toc	
(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)	
PO 1000 (Document Num	095255 ber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation ad	lopts the following
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional	
B. Enter new principal office address, if appl	icable:		
(Principal office address MUST BE A STREET		· · · · · · · · · · · · · · · · · · ·	
	,		
	<u> </u>		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		
		1 2121	
	" 		
D. If amending the registered agent and/or re	egistered office address in	n Florida, enter the name of	f the
new registered agent and/or the new regis			3 00 3
			FB A
Name of New Registered Agent:			至 四
			芸士二
		224114	56.5 P
New Registered Office Address:	(Florida street a	ddress)	
		DI LI	12 ST - F.
-	(C:4.)	, Florida (Zip Code)	
	(City)	(Zip Coae)	DM
New Registered Agent's Signature, if changin	a Registered Agent:		
I hereby accept the appointment as registered ag		nd accent the obligations of t	the position
and the state of t	Same a same partition of the GI	usoopi ino vongunom oj i	posmon
Si	gnature of New Registered	l 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP_	Sabrina Faniel	400 Foulk RA#4A Wilmington, DE 19803	Add Remove
nptroller	Jennifer Faniel	9 Saddle Lane Sicklerville, NJ 08081	Add Remove
			☐ Add ☐ Remove
provisions	ndment provides for an exchange, recla for implementing the amendment if neapplicable, indicate N/A)		

The date of each amendment(s) adoption: \(\lambda \int \lambda \int \lambda \int \lambda \)
(date of adoption is required)
Effective date if applicable: 10/4/10 (no more than 90 days after amendment file date)
(no more than 50 days after amenament fite date)
Adoption of Amendment(s) (CHECK ONE)
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"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director president or other officer – if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Collis faniel (Typed or printed name of person signing)
President (Title of person signing)