P02000032517

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FFR 2 0 2014 C. CARROTHERS

COVER LETTER

Division of Corporations NAME OF CORPORATION: HONEY BEE INC DOCUMENT NUMBER: P02000032517 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **EVA KNEPP** Name of Contact Person HONEY BEE INC Firm/ Company 7850 FRUITVILLE RD Address SARASOTA FL 34240 City/ State and Zip Code DKNEPP@VERIZON.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ($\frac{941}{\text{Area Code & Daytime Telephone Number}}$ EVA KNEPP Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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** of



HONEY BEE INC

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

P02000032517

ent(s) to

(Document Number	er of Corporation (if	known)		
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	orida Statutes, this F	lorida Profit Cor	<i>poration</i> ad	opts the following am
If amending name, enter the new name of the	e corporation:			
				The
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or	Corp." "Inc." or "C	o". A profession		
Enter new principal office address, if applic	able:			
incipal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
If amending the registered agent and/or reg	istered office addre	ss in Florida, en	ter the nam	e of the
new registered agent and/or the new registe	red office address:			
Name of New Registered Agent				
		1		
	(Florida stree	anddress)		
		, ,,,,,,,		
New Registered Office Address:	(City)		, Florida_	(Zip Code)
	(=5)			(24) 8010)
w Registered Agent's Signature, if changing	Registered Agent:			
reby accept the appointment as registered age		th and accept the	obligations	of the position.
Signature o	f New Registered Ag	ent, if changing		

Page 1 of 4

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 <math>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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sm	nith_		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	_	_		-	
Add				_	
Remove				_	-
2) Change		_		_	
Add				_	
Remove				_	
3) Change				_	
Add				_	
Remove				_	
4) Change		_			
Add				_	
Remove				_	· · · · · · · · · · · · · · · · · · ·
5) Change		_		-	
Add				-	
Remove				_	
6) Change		_			
Add					
Remove				_	

. If amending or adding ac (Attach additional sheets,	f necessary).	(Be specific)		
N/A				

	 		121 11212111	
····				
re				
If an amendment provided provisions for implementations.	iting the amend	ige, reclassification	ned in the amendment	sued snares, itself:
(if not applicable, in	•			
RECLASSIFICATION	OF SHARE	S: 		
DARRELL KNEPP: 5,	000 SHARE	S		
VA KNEPP: 5,000 S	HARES			
	 			

The date of each amendment(s) ado	pption: FEBRUARY 10, 2014	, if other than the
date this document was signed.		
Effective date if applicable:		
<u>pp.nemote</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated FEBRUA	RY 12 2014	
Dated 1 London	12, 2014	
Signature	anel well	
	ector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
appointe	d fiduciary by that fiduciary)	
]	DARRELL KNEPP	
_	(Typed or printed name of person signing)	
F	PRESIDENT	
-	(Title of person signing)	

11. 200

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SECRETARY OF STATE
ANALYSEE, FLORIDA

<u> एक सम्बद्धाः</u>