## PD3000/45988

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## **COVER LETTER**

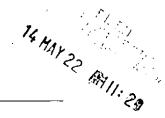
Division of Corporations					
NAME OF CORPORATION: G.R. BUNN, INC.  DOCUMENT NUMBER: P03000 145988					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person  G.R. BUNN, INC.  Firm/ Company  15065 AUALON AUE.  Address  CLEARWATER, FL - 33760  City/ State and Zip Code  BUNNING & GMAIL COM  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CARY R. BUNN at (727) 542-3275  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  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**



Articles of Incorp	oration "Ara " "				
of	poration 1972				
G.K. BUNN, INC.					
(Name of Corporation as currently filed with the Florida Dept. of State)					
P03000145988					
(Document Number of Corporation (if kr	iown) .				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
N/A	The new				
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or $Co.$ ," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.A.	" company," or "incorporated" or the abbreviation ". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	NA				
(Principal office address <u>MUST BE A STREET ADDRESS</u> )					
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 new registered agent and/or the new registered office address:	in Florida, enter the name of the				
Name of New Registered Agent N					
(Florida street	address) .				
New Registered Office Address;	, Florida				
(City)	(Zīp Code)				
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with					
Signature of New Registered Age	ny if changing				
Signature oj New Registerea Age	m, ij enanging				

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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	,
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP TYSON C. BO	CLEARWATER, FL.
Add	,	CLEARWATER, FL.
Remove		33760-2402
2) Change		
Add		
Remove		
3)Change		
Add		
Remove		
4) Change		
Add		
Remove		· ·
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

. If amending or adding additional Artic (Attach additional sheets, if necessary).	eles, enter change(s) h (Be specific)	<u>ere</u> :	
1	<del></del>		
· //			
X/A			
The state of the s			
· <u> </u>	1497		
		<del>.</del>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, idment if not contain	or cancellation of issued in the amendment it	ed shares, self:
<b></b>			

The date of each amendment(s) adoption: date this document was signed.	, if other than the
· ·	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amer by the shareholders was/were sufficient for approval.	idment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 sh action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder.	
action was not required.	
Dated 5/16/2014	
Signature	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)	ot been her court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	