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Office Use Only



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COVER LETTER

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

_{SUBJECT:} Jac	k's Shacks, Inc.		
		ORPORATE NAME	
Enclosed are an orig	ginal and one (1) copy of the re	stated articles of incorpor	ation and a check for
□ \$35.00 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM: Ti	raci Matheney	e (Printed or typed)	
16	345 SE 36th Av	• •	
		Address	
St	ummerfield, FI 34	4491	
	City,	State & Zip	
35	522456995		
•		elephone number	
ja>	kshacks@aol.co	m	

NOTE: Please provide the original and one copy of the document.

E-mail address: (to be used for future annual report notification)

RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation is: Jack's Shacks, Inc.	
ARTICLE II RESTATEDARTICLES The text of the Restated Articles is as follows:	
remove Traci Matheney as Secretary	
add Richard Matheney as Secretary	
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	· ·

ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joh</u>	n Doe			
X Remove	<u>V</u> <u>Mil</u>	V <u>Mike Jones</u>			
X Add	<u>SV</u> <u>Sall</u>	SV Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change	<u>s</u>	Traci Matheney	16345 SE 36th Avenue Summerfield, Fl 34491		
Add X Remove					
2) Change Add	<u>s</u>	Richard Matheney	16345 SE 36th Avenue Summerfield, FI 34491		
Remove					
3) Change Add					
Remove 4) Change					
Add					
Remove 5) Change					
Add					
6) Change					
Remove					

Name:	Traci Mathene	ey	
Address:	16345 SE 36th Avenu	e Summerfield, Fl 34491	
Having been n certificate, 1 au	named as registered agent to m familiar with and accept t	accept service of process for the above stat the appointment as registered agent and ag	ted corporation at the place designated in this
			11/29/2023
	Required Signa	ture/Registered Agent	Date
4DTICLE 10	ABTICLE CONGO :-		
	ARTICLE CONSOLIDA		
These i	restated articles of inco	rporation consolidate all amendmen	nts into a single document;
ADTICLE VI	I BEOLUBER (ROPTIO	N. I.V.F.O.P. A. (Prop.)	
AKTICLE VII	REQUIRED ADOPTIO	<u>IN INFORMATION</u>	
Check if ap	plicable:		
The ame	endment(s) is/are being	filed pursuant to s. 607.0120(11)€.	F.S.
The date of	each amendment(s) o	dontion is:	
if other than	the date this document	doption is:	
Adoption of	f Amendment(s)	(CUECY ONE)	. ,
Auopiton of	Amenoment(s)	(CHECK ONE)	Ċ,
The amer action and sl	ndment(s) was/were add nareholder action was n	opted by the incorporators, or board not required.	d of director without shareholder
The amer amendment(ndment(s) was/were ado s) by the shareholder w	opted by the shareholders. Then nu vas/were sufficient for approval.	
The amer	ist be separately provid	proved by the shareholders through ded for each voting group entitled to	voting group. The following o vote separately on the
		he amendment was/were sufficient	for approval by
	(vot	ing group)	

ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)

Effective dat	te, if other than the date of filing:(OPTIONAL)
(If an effecti	ive date is listed, the date must be specific and cannot be more than 90 days after the filing.)
Note: If the the document	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a seffective date on the Department of State's records.
I submit this document to	document and affirm that the facts stated herein are true. I am aware that the false information submitted in the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Dated: 11/29/2023
	Signature: (By a director, president or other officer – if directors or officer have not been selected, by an incorporator – if in the hands of a receiver, trustee of other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

Traci Matheney

PSO

(Title of person signing)