P04000023767

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700211291047

08/24/11--01005--026 **35.00



Or appeal

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION:	JOLLY GO	OD FOOD II	NC.
DOCUMENT NUM	1BER:	14000023	767	·
The enclosed Article	es of Amendment and fe	e are submitted for	filing.	
Please return all corn	respondence concerning	this matter to the fo	llowing:	
_		ROGER OSBON	<u></u>	
		Name of Contact Pers	on	
_	JC	LLY GOOD FOOI	INC.	444
		Firm/ Company		
_		216 Willoughby I	Or	
		Address		
,	 	Naples FL 3411 City/ State and Zip Co		
	2= 10 · · · ·			
	E-mail address: (to be	odfood@comcast. used for future annual re	net eport notification)	
For further informati	on concerning this mat	er, please call:		
El	aine Osbond	at (239	<i></i>	594 2602
Name of	Contact Person	Area C	ode & Daytime Te	elephone Number
Enclosed is a check	for the following amour	t made payable to th	e Florida Depai	rtment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Fili Certified C (Additional		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 632	Section Corporations	Street Add Amendment Division of Clifton Buil	Section Corporations	

2661 Executive Center Circle

Tallahassee, FL 32301



August 24, 2011

ROGER OSBOND 216 WILLOUGHBY DR NAPLES, FL 34110

SUBJECT: JOLLY GOOD FOOD INC.

Ref. Number: P04000023767

We have received your document for JOLLY GOOD FOOD INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 311A00019850

Articles of Amendment to Articles of Incorporation of

JOLLY GOOD FOOD INC.

JOLET GOOD TOOD	INC.
(Name of Corporation as currently filed with	the Florida Dept. of State)
P04000023	767
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>"</u> n <u>:</u>
	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association"	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	216 Willoughby Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Naples FL 34110
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 110428
	Naples FL 34108
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	TATE ORDA
Non Book and Office Additions	
New Registered Office Address: (Flori	ida street address)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

, Florida_

(Zip Code)

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
_1	Elaine Osbond	216 Willoughby Dr Naples FL 34110	☑ Add □ Remove
(atlach a	dditional sheets, if necessary). (Be	specific)	
<u>provisi</u>	mendment provides for an exchang ons for implementing the amendment applicable, indicate N/A)		

The date of each amendment	(s) adoption: 8.17.11
Effective date if applicable:	(date of adoption is required)
Effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	, 37
•	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
Dated 8.17 Signature (By selection)	a director president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
·	Roger Osbond
	(Typed or printed name of person signing)
	Director
	(Title of person signing)