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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| 8-1727 | | |
|---|--|--|
| phone Number | | |
| ment of State: | | |
| □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
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| Amendment Section Division of Corporations | | |
| | | |
| | | |
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Tallahassee, FL 32301

Articles of Amendment . to . Articles of Incorporation of

VANILLAS CUPCAKERY, INC.

| (Name of Corporation as current | ly filed with the Florida D | Dept. of State) | |
|---|------------------------------|-------------------------------|--------------------|
| P0400 | 00117541 | | |
| (Document Numbe | er of Corporation (if known |) | |
| Pursuant to the provisions of section 607.1006, lamendment(s) to its Articles of Incorporation: | Florida Statutes, this Flori | ida Profit Corporation ad | opts the following |
| A. If amending name, enter the new name of th | ne corporation: | | |
| COCA | ASO, INC. | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes | esignation "Corp," "Inc," | or "Co". A professional | |
| B. Enter new principal office address, if application | | | · |
| (Principal office address <u>MUST BE A STREET</u>) | <u>ADDRESS</u>) | Es | |
| | | | E 70 |
| · | | <u>元</u> 代 | ω · |
| C. Enter new mailing address, if applicable: | | SS | |
| (Mailing address <u>MAY BE A POST OFFICE</u> | | بالز | 급 골 🔟 |
| | | 70 | SIND |
| | | 20 | |
| D. If amending the registered agent and/or reg | istered office address in F | Iorida, enter the name of | the |
| new registered agent and/or the new register | | iorian, enter the nume or | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent. | | | |
| New Registered Office Address: | (Florida street add | rass | |
| New Registered Office Musicas. | (1 tortuu street uuu | 7633/ | |
| | (C)+.) | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing | | | _ |
| I hereby accept the appointment as registered age | nt. I am familiar with and | accept the obligations of the | he position. |
| | | _ | |
| Sign | nature of New Registered A | gent, if changing | t |

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)

Title Name <u>Address</u> Type of Action ____ 🗖 Add Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendment | |
|--|--|
| Tree at a second second | (date of adoption is required) |
| Effective date if 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 | n |
| <u> </u> | (voting group) |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder |
| Dated Signature | m sale |
| sele | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | ALEX E. DAVIS |
| | (Typed or printed name of person signing) |
| | PRESIDENT/ SECRETARY/ TREASURER |
| | (Title of person signing) |