## P04000168530

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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: FAMOUS GA	ABBY'S, INC.	
DOCUMENT NUMBER: P04000168530		
The enclosed Articles of Amendment and fee are subm	mitted for filing.	
lease return all correspondence concerning this matte	er to the following:	
CHARLES IVORY	,	
51MOUG 0.15DW	Name of Contact Person	
FAMOUS GABBY'		
3	Firm/ Company	
6139 WHITE RD	·	
	Address	
BROOKSVILLE, F	L 34602	
	City/ State and Zip Code	
	@ROCKETMAIL.COM	
E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, please of	call:	
PAM MCKINNEY, CPA	at (352 799-3550	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \square  \qua	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address 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	

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## Articles of Amendment to Articles of Incorporation of

FAMOUS GABBY'S, INC.	•
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P04000168530	·
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	. 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 "I	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	6139 WHITE RD
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	BROOKSVILLE, FL 4
	34602
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent CHARLES E IVC	DRY .
6139 WHITE RD	,
(Florida stre	·
New Registered Office Address: BROOKSVILLE	, Florida 34602
, (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Registered Agent:	W

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>A</u> . ' <u>Ires</u> s
1) <u>X</u> Change Add Remove	STD	CATHERINE T IVORY	6139 WHITE RD BROOKSVILLE, FL 34602
2) Change Add Remove	STD	CATHERINE T MCCRAY	6139 WHITE RD BROOKSVILLE, FL 34602
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del> ,	<del></del>	,

attach additional sheets, if necessary). (Be specific)	; ,
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	<del>, , , , , , , , , , , , , , , , , , , </del>
an amendment provides for an exchange, reclassification, or oppositions for implementing the amendment if not contained in (if not applicable, indicate N/A)	cancellation of issued shares, a the amendment itself:
	•
	,

The date of each amendment(s) ac	doption: 06/28/2012	
Effective date <u>if applicable</u> :		
	(no more than 90 do	ays after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su		mber of votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through each voting group entitled to vote	n voting groups. The fellowing statement eseparately on the ame. Iment(s):
"The number of votes cast	for the amendment(s) was/were su	ifficient for approval
by		.,,
	(voting group)	
action was not required.  The amendment(s) was/were ado	,	hout shareholder action and shareholder shareholder action and shareholder
action was not required.		
Dated 06/28/2	2012	
selected		- if directors of officers have not been nds of a receiver, trustee, or other court
	CHARLES E IVORY	1
•	(Typed or printed nam	e of person signing)
	PRESIDENT	•
	(Title of person sign	ning)