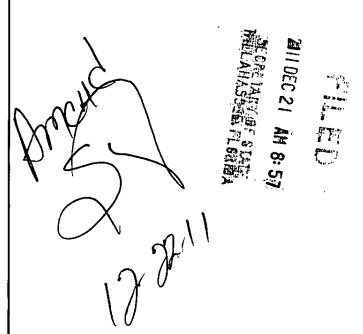
# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





12/21/11--01019--008 \*\*35.00

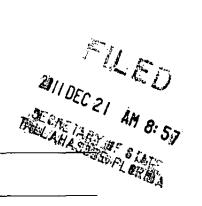


### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: SEBRING	FOOD CORPO	RATION		
DOCUMENT NUMBE		P05000030738			
The enclosed Articles of	Amendment and fee are su	abmitted for filing.			
Please return all correspondent	ondence concerning this ma	atter to the following:			
	WILLIAM VASQUEZ				
		Name of Contact Perso	n _		
	A & A BUSINESS SERVICES, INC.				
_		Firm/ Company	•		
_	7751 KING	GSPOINTE PKV	VY. STE. 125		
		Address			
	ORLANDO, FL. 32819				
	City/ State and Zip Code				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
William		<sub>at (</sub> 407	, 434-0235		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy Topy is enclosed)		
Amend Divisio P.O. Bo	g Address ment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

# **Articles of Amendment** Articles of Incorporation



# SEBRING FOOD CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State) P05000030738

ent(s) to

(Docume	nt Number of Corporation (if known	wn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flori</i> d	da Profit Corporation	adopts the following amendn
A. If amending name, enter the new n	ame of the corporation:		
•			The ne
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co".	A professional corp	rporated" or the abbreviation poration name must contain to
B. Enter new principal office address.	if applicable:		
(Principal office address MUST BE A S	STREET ADDRESS )		
	_		
			<u></u>
C. Enter new mailing address, if appl	licable:		
(Mailing address MAY BE A POST	OFFICE BOX)		<del></del>
	<del></del>		
D. If amending the registered agent a	nd/or registered office address in	n Florida, enter the	name of the
new registered agent and/or the ne			<del></del>
Name of New Registered Agent	Farah Haifa		
	113 N. Main Street		
,	(Florida street ad		<del></del>
N . B . S . 10 <sup>th</sup> . 411	Lake Placid	Elam	<sub>ida</sub> 33852
New Registered Office Address:	(City)	, rion	(Zip Code)
New Registered Agent's Signature, if	changing Registered Agent:		
I hereby accept the appointment as regis	tered agent. I am familiar with a	ind accept the obligat	ions of the position.
	y auch 1	imp	<del></del>
9	ianalize of New Registered Agent	if chanoino	

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 <math>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)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	p	WAJDI HAIFA	113 N. MAIN STREET LAKE PLACID, FL. 33852
2) Change Add Remove	р	FARAH HAIFA	747 PLACID LAKE BLVD. LAKE PLACID FL 33852
3 ) Change Add Remove		· .	
4) Change Add Remove		<u> </u>	
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	
If an amendment provides for an exchange.	, reclassification, or cancellation of issued shares,
	Iment if not contained in the amendment itself:
	PERCENT SHARES FROM WAJDI HAIFA
ADDRESS: 113 N. MAIN S	ST. LAKE PLACID FL. 33852
ARTICLE II: ADD 100 PER	RCENT SHARES TO FARAH HAIFA
ADDRESS: 747 JEFFERS	ON AVE. LAKE PLACID FL. 33852
:	

## Page 3 of 4

The date of each amendment(s) at	toption:	
Effective date if applicable:		
	(no more than 90	days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The flicient for approval.	number of votes cast for the amendment(s)
		ngh voting groups. The following statement one separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were	sufficient for approval
by		
	(voting group)	<del></del> -
action was not required.		vithout shareholder action and shareholder ut shareholder action and shareholder
selected	rector, president or other office	r – if directors or officers have not been hands of a receiver, trustee, or other court
_	WAJDI H	AIFA
	(Typed or printed no	ime of person signing)
	PRESID	ENT
•	(Title of person s	igning)