1500009580

| (Requestor's Name | e) |
|---|--------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Pho | ne #) |
| PICK-UP WAIT | MAIL |
| (Business Entity N | ame) |
| (Document Numbe | er) |
| Certified Copies Certificat | es of Status |
| Special Instructions to Filing Officer: | |
| | |
| | ; |
| | |

Office Use Only



700163115437

11/30/09--01040--010 **35.00

Amera Tlewis 12-3-09

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

| NAME OF CORPORATION | ON:B | G DADDY'S BA | RBEQUE | , INC. |
|---|-----------------------------------|---|---------------|---|
| DOCUMENT NUMBER: _ | | P05000095809 | | |
| The enclosed Articles of Am | endment and fee ar | e submitted for filing | | |
| Please return all corresponde | ence concerning this | matter to the followi | ng: | |
| | | CHAEL WEAVER | | |
| | Na | me of Contact Person | | |
| | BIG DAD | DY'S BARBEQUE, | INC. | |
| | | Firm/ Company | | |
| | 8751 BYROM CAMPBELL RD | | | |
| | | Address | | |
| | | LTON FL 32571 y/ State and Zip Code | · | |
| | | yr build and 2.p code | | |
| E-n | nail address: (to be used | for future annual report r | notification) | |
| For further information conc | erning this matter, p | olease call: | | |
| ROBIN WE | | at (850) | | 54-0497 |
| Name of Contact Person | | Area Code & | Daytime Tele | ephone Number |
| Enclosed is a check for the fo | ollowing amount ma | ade payable to the Flo | orida Depart | ment of State: |
| | 75 Filing Fee & ificate of Status | ☐ \$43.75 Filing Fee Certified Copy (Additional copy | | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporati P.O. Box 6327 | ons | Street Address Amendment Sect Division of Corp Clifton Building | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BIG DADDY'S BARBEQUE, INC.

FILED

| | S BANDEQUE, INC. | |
|---|-----------------------------------|----------------------------------|
| (Name of Corporation as curre | ently filed with the Florida De | pt. of State) |
| DOE | 000095809 | 7009 NOV 30 A 8: |
| | nber of Corporation (if known) | SECRETARY OF STA |
| rsuant to the provisions of section 607.1006 | 6, Florida Statutes, this Florida | WELWINGSEE' LEOK |
| endment(s) to its Articles of Incorporation: | | |
| If amending name, enter the new name of | the corporation: | |
| | | The new |
| ne must be distinguishable and contain in previation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro | designation "Corp," "Inc," or | "Co". A professional corporation |
| Enter new principal office address, if apprincipal office address MUST BE A STREE | licable: TADDRESS) | |
| | | |
| | , | |
| Enter new mailing address, if applicable: | <u>.</u> | |
| (Mailing address <u>MAY BE A POST OFFI</u> | CE BOX) | , , , |
| | | |
| | | _ . |
| If amending the registered agent and/or r | egistered office address in Flo | rida, enter the name of the |
| new registered agent and/or the new regis | stered office address: | |
| Name of New Registered Agent: | | |
| | | |
| | | |
| New Registered Office Address: | (Florida street addre | ss) |
| New Registered Office Address: | (Florida street addre | · |
| <u>New Registered Office Address</u> : | (Florida street addre | .ss) , Florida (Zip Code) |

Signature of New Registered Agent, if changing

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 |
|------------------|--|---|------------------------------|
| <u>VPD</u> | TIMOTHY M. WEAVER | 12 PONCE DE LEON RD | ☑ Add □ Remove |
| | | CRESTVIEW FL 32539 | Li Remove |
| VPD | DEANNA K. WEAVER | 12 PONCE DE LEON | |
| | | CRESTVIEW FL 32539 | |
| | | | |
| | | | Li Kelliove |
| | | | |
| provisi (if r | mendment provides for an exchange, rons for implementing the amendment not applicable, indicate N/A) | eclassification, or cancellation of if not contained in the amendme | issued shares, nt itself: |
| <u>N/A</u> | | | |
| | | | |
| | | | ···· |
| | | | |
| | | | |

| The date of each amendment | t(s) adoption: NOVEMBER 16, 2009 |
|--|---|
| Effective date <u>if applicable</u> : | NOVEMBER 16, 2009 |
| <u></u> | (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 | ,, |
| • | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 16-09 |
| Signature | 11/6-09 micha 7 Weaver |
| 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 pointed fiduciary by that fiduciary) |
| | MICHAEL WEAVER |
| | (Typed or printed name of person signing) |
| | PRESIDENT / DIRECTOR |
| | (Title of person signing) |