P05000095809

equestor's Name)	
ldress)	
dress)	
ty/State/Zip/Phone	e #)
WAIT	MAIL
siness Entity Nar	me)
ocument Number)	
_ Certificates	s of Status
Filing Officer:	·
	·
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates

Office Use Only



500229025195

04/16/12--01035--007 **35.00

12 APR 16 PM 3: 13

Amenda

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BIG DADD	Y'S BARBEQUE	E, INC.
DOCUMENT NUM	_{BER:} P0500009580	9	
	s of Amendment and fee are su		
Please return all corr	espondence concerning this ma	tter to the following:	
	ROBIN WEAVER	₹	
		Name of Contact Person	n
	BIG DADDY'S BA	ARBEQUE, INC.	
	4500 4011011011	Firm/ Company	
	4530 ASHBURY	SI	
	-	Address	
	PACE FL 32571		
		City/ State and Zip Cod	e
	E mail address: (to be u	sed for future annual report	notification)
•	E-man address. (to be a		notification)
For further information	on concerning this matter, pleas	se call:	
ROBIN WEA	AVER	at (850	, 994-5665
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div	niling Address nendment Section vision of Corporations	Amend Divisio	Address Iment Section on of Corporations
P.O. Box 6327			Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	· · · · · · · · · · · · · · · · · · ·	of State)	
P05000095809	my mea will the Florida Dept	<u>. or state</u>)	
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florida Pro	fit Corporation adopts the follow	ving amendment(s) t
A. If amending name, enter the new name of t	the corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co". A pro	iny," or "incorporated" or the ofessional corporation name mu	abbreviation st contain the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
			
		· · · · · · · · · · · · · · · · · · ·	SECU VISIO
 If amending the registered agent and/or re- new registered agent and/or the new registered. 		da, enter the name of the	SECRETATIVE SECRETARY OF CORPORE
Name of New Registered Agent			6 CA
		· · · · · · · · · · · · · · · · · · ·	POR
	(Florida street address)		ジ ー 言語
New Registered Office Address:		, Florida	い。
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered ago		ept the obligations of the positio	n.
Signature	of New Registered Agent if cha.	noino	

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	DP	MICHAEL WEAVER	4530 ASHBURY ST
X Remove			PACE FL 32571
2) × Change Add	DPST	ROBIN WEAVER	4530 ASHBURY ST
Remove			PACE FL 32571
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
	·
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: APRIL 2, 2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appro- must be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	" (voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated APRIL 2	2, 2012	
Signature (By a dire selected,	2, 2012 Color C. Weave cotor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
<u>_</u>	ROBIN WEAVER	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	