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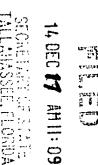
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DEC 3 0 2013

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GOOD TIMES FOOD STORE, INCOMENT NUMBER: PO60000 88479
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person GOOD TIMES FOOD STOPE INC Firm/Company 1837 W. BEAUER STREET Address TACKSONULLE, FL 32239 City/ State and Zip Code HELLEN LIN ST O G-MAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WEN MET CHEN at 904 3543006 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee 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

Articles of Amendment to Articles of Incorporation

of

GOOD TIMES FOOD STORE, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P06000688479	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	s) to
N. A	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	1
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N. H	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent N. 4	
(Florida street address)	
New Registered Office Address: , Florida (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
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)

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> <u>John I</u>	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	LAKA HADDAD	5478 HICKORY GLOS Jacksonville 3/32277
Add Remove			Jacksondle 3/32277
2) Change	<u>P.</u>	WENMEI CHEN	1837 W. BEAUER ST SACKSONULLE, FL3229
Remove 3) Change			
Add Remove			
4) Change			
Remove			
5) Change			
Remove			
6) Change			
Add Remove			

f amending or addi Attach <i>additional she</i>	eets, if necessary).	(Be specific	·)			
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lf an amendment pr	rovides for an exc	hange, reclas	sification, or ca	ncellation of iss	sued shares,	
provisions for impl	lementing the amo	endment if no	t contained in	the amendment	itself:	
(іј пот арріісав	ole, indicate N/A)	3/ /	1_			
<u></u>		λ. Ι	7			
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the date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 12/15/2014 (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
by" (voting group)	
, ne amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated12/15/14	
Signature Land Calley	_
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u></u>
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	