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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SHAWN 9	NICKS COLLEGY	LARD CAFE, INC
DOCUMENT NUMBI	er: <u>P07<i>000</i></u>	0 99091	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
_	NICK BER	Name of Contact Person	
	DOKE OF ET	Name of Contact Persor	1
_		Firm/ Company	
	1901 CORAL	Address OAS FL 3 City/ State and Zip Code	
	1.21-TOA) : M.A.	Address	720/
	WICION MAK	City/ State and Zip Code	- ЭЗОБ
		,	
·	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
NICK BE	eay, Pres	at (<u>954</u>	
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
S35 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)
	ng Address		Address
	dment Section		ment Section on of Corporations
	Box 6327		Building
	nassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Shawn 4 Mers Cound vaeo Cate, INC		
(Name of Corporation as currently filed with the Florida Dept. of State) Poposo 99091		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	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," "company," or "incorporated" or the absence, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must coword "chartered," "professional association," or the abbreviation "P.A."	breviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	70° 15	
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:	FEB 17 PI FEB 17 PI FCRETARY (記記
Name of New Registered Agent	F STA	ţ
(Florida street address)	DE DE	
New Registered Office Address:, Florida	•	
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	PT John	Doe	•
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Sec	ORION MCKNIGHT	1901 CORAL GARDENS DR
Add			WICTOU MA VORS, FL
Remove			33306
2) Change	VP	Shawn Bombaro	1328 N. ANDREWS AUE
Add			FT LAWDERSOLE FL
Remove			33311
3) Change			· .
Add			
_ Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	•
	
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	<i>,</i>
	<u> </u>
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Company (minute control	
,	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:	2-10-15	
<u></u>	2-10-15 (no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by _ Auch B	Sery 4 OKION MCKMght " (voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	·
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	2-10-13 1- B-, Pres	
(By a de selected	sector) 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	_
•••	Mick Beney, Pres (Typed or printed name of person signing)	
•		
	Pres. (Title of person signing)	
	(Title of person signing)	_