P08000004320

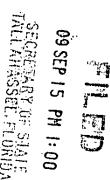
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (business Entity Name) |
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| (Document Number) |
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|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

SEP 17 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: | SNACK ATTACK CORP. | | | |
|---|--|--|--|--|--|
| DOCUMENT NUMB | ER: | P0800004320 | | | |
| The enclosed Articles of | of Amendment and fee a | re submitted for filing. | | | |
| Please return all corresp | pondence concerning thi | s matter to the following: | | | |
| | | ANIEL HASPEL | | | |
| | N | ame of Contact Person | | | |
| | SNA | CK ATTACK CORP. | | | |
| | | Firm/ Company | | | |
| 2423 S STATE ROAD 7 | | | | | |
| | | Address | | | |
| | WE | ST PARK, FL 33023 | | | |
| | | ty/ State and Zip Code | | | |
| *************************************** | INFO@ATT | ACKMOTORS.COM I for future annual report notification) | | | |
| For further information | concerning this matter, | please call: | | | |
| DANII | EL HASPEL | at (954)455-4750 Area Code & Daytime Telephone Number | | | |
| Name of C | ontact Person | Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount n | ade payable to the Florida Department of State: | | | |
| 7 \$35 Filing Fee [| \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is | | | |
| Mailing Address | | Street Address | | | |
| Amendment Se | | Amendment Section | | | |
| Division of Cor P.O. Box 6327 | botations | Division of Corporations Clifton Building | | | |
| Tallahassee, FL | . 32314 | 2661 Executive Center Circle | | | |
| i unanasso, i L | I JAJIT | Tallahassee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of

| SNACK ATT | ACK CORP. | | | | | | |
|---|---|--------------------------|----------------------|--|--|--|--|
| (Name of Corporation as currently | filed with the Florida D | ept. of State) | | | | | |
| P08000004320 | | | | | | | |
| (Document Number of | of Corporation (if known) | | | | | | |
| Pursuant to the provisions of section 607.1006, Floumendment(s) to its Articles of Incorporation: | orida Statutes, this Florid | da Profit Corporation a | idopts the following | | | | |
| A. If amending name, enter the new name of the | corporation: | | | | | | |
| N/A | | | The new | | | | |
| name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession | gnation "Corp," "Inc," c | or "Co". A professiona | rated" or the | | | | |
| B. Enter new principal office address, if applicab | ole: ^ | J/A- É | <u>*</u> | | | | |
| Principal office address <u>MUST BE A STREET AL</u> | | | | | | | |
| | | ව | SEP 15 | | | | |
| | | | * ** W' | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>N/</u> | A 98 | PH 1: 00 | | | | |
| D. If amending the registered agent and/or regist new registered agent and/or the new registered | • | lorida, enter the name | of the | | | | |
| Name of New Registered Agent: | N/A | | | | | | |
| New Registered Office Address: | N/A (Florida street addr | roea) | | | | | |
| New Registerea Office Adaress. | ` , | (233) | | | | | |
| | N/A (City) | , Florida (Zip Code) | | | | | |
| New Registered Agent's Signature, if changing Relationships the Agent's Signature, if changing Relationships the Agent's Signature, if changing Relationships the Registered Agent. | I am familiar with and | accept the obligations o | f the position. | | | | |
| | N/A | | | | | | |
| Sig n al | ture of New Registered Ag | gent, if changing | | | | | |

If amendiffy 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)

Address **Type of Action** <u>Title</u> <u>Name</u> S PABLO HASPEL ✓ Add 2423 S STATE ROAD 7 □ Remove WEST PARK, FL 33023 ☐ Add ☐ Remove ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendmen | t(s) adoption: 0 | 9/10/09 | | | |
|--|--|-------------------|--|--------------------|----------------|
| , , | 09/10/09 | (date of ac | loption is required |) | |
| Effective date <u>if applicable</u> : | | 90 days after o | amendment file da | 1e) | |
| Adoption of Amendment(s) | Œ | HECK ONE) | | | |
| The amendment(s) was/we by the shareholders was/w | | | s. The number of v | votes cast for the | : amendment(s) |
| The amendment(s) was/we must be separately provide | | | | | |
| "The number of votes | cast for the ame | endment(s) was | s/were sufficient fo | or approval | |
| by | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | (voting group) | | | | |
| The amendment(s) was/we action was not required. | re adopted by th | ne board of dire | ectors without shar | reholder action a | nd shareholder |
| The amendment(s) was/we action was not required. | ere adopted by th | ne incorporator | s without sharehol | der action and si | hareholder |
| Dated_09/1 | 0/2009 | | } | | |
| Signature(By | a director, pres | ident on other | officer - if director | rs or officers hav | ve not been |
| sel | ected, by an inco pointed fiduciary | orporator – if ir | n the hands of a re- | ceiver, trustee, o | r other court |
| | | DANI | EL HASPEL | | |
| | (T) | yped or printe | d name of person s | signing) | |
| | | Di | RECTOR | | |
| | (Title | of person sign | | | |
| | - | - | | | |