# P08000077651

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





400287779814

07/12/16--01003--013 \*\*35.00

TA JUL 1: PM 2: 20

UL 19 2016 WCNAIR

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BNN FOOD MAR	T INC.	
DOCUMENT NUME	P08000077651	<del></del>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	Julie Mehta		
		Name of Contact Person	1
	SCM & ASSOCIATES		
		Firm/ Company	
	P O BOX 2112		
		Address	
	RIVERVIEW, FL. 33568		
		City/ State and Zip Code	e
	smartbussolu@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Julie Mehta		at (813	793-4571
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O	cling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation** of



### BNN FOOD MART INC. (Name of Corporation as currently filed with the Florida Dept. of State) P08000077651

nt(s) to

10000077851		
	(Document Number of Corporation (if	[known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i> (	Corporation adopts the following amendment
A. If amending name, enter the new na	me of the corporation:	
		The new
	tain the word "corporation," "company, ation "Corp," "Inc," or "Co". A profes. tion," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida,	enter the name of the
Name of New Registered Agent	SHERALI GILANI	
	200 HEMINGWAY DR	
	(Florida street address)	
New Registered Office Address:	OLDSMAR	34677, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept	the obligations of the position.
<del></del>	Signature of New Registered Agen	t 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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	SHELINA K. BUDHWANI	5501 28TH STREET N
Add			SUITE#30
x Remove			ST PETERSBURG, FL. 33714
2) Change	P	SHERALI GILANI	200 HEMINGWAY DR
X Add			OLDSMAR, FL. 34677
Remove			
3) X Change	D	SHERALI GILANI	200 HEMINGWAY DR.
Add			OLDSMAR, FL. 34677
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	<u> </u>
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	F-10-20-20-20-20-20-20-20-20-20-20-20-20-20

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days afte.	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	t for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sh action was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehaction was not required.	older action and shareholder
JUNE 30TH, 2016	
Dated	
Signature (By a director, president or other officer – if director)	ectors or officers have not been
selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	,
SHERALI GILANI	
(Typed or printed name of pe	erson signing)
PRESIDENT	
(Title of person s	rianina)