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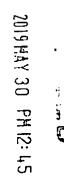
(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
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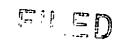
C. GOLDEN
JUN 1 9 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: FLORIDA CHICK	EN IV INC	
DOCUMENT NUMBE	P08000092658		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
s	HIRAZ ŁOKHANDWALA		
		Name of Contact Persor	1
F	ORIDA CHICKEN IV IN	С	
_		Firm/ Company	
Р	O BOX 120888		
		Address	
J	ACKSONVILLE FL 3220	9	
_		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
SHIRA	ZL@BELLSOUTH.NET		
	-	sed for future annual report	notification)
For further information of SHIRAZ LOKHANDW	concerning this matter, pleas	678	<u>358-1786</u>
Name of	Contact Person	at (Area Co	de & Daytime Telephone Number
	he following amount made		, ,
S35 Filing Fee	□S43.75 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)
Amen Divisi	ng Address Implement Section Implement Section Implement Section of Corporations Implement Section of Corporation of Corporations Implement Section of Corporation of Corporatio	Amenc Divisio Clifton	Address Intent Section on of Corporations i Building executive Center Circle

Articles of Amendment to Articles of Incorporation of



2019 MAY 30 PM 12: 45

FLORIDA CHICKEN IV INC

(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	·	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	The new
	ation "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P O BOX 120888
		JACKSONVILLE FL 32209
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	N/A	
	(Florida :	street address)
New Registered Office Address:	N/A	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agei tered agent. I am familia	nt: r 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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	D	LEWIS SIPLIN	PO BOX 50156
Add			JACSONVILLE FL 32240
X Remove			FOLIPE D. Q
2) Change	D	AMIT SAHA	P O BOX 120888
X Add	-		JACKSONVILLE FL 32209
Remove			
3) Change			
Add			
Remove			
4) Change		····	
Add			
Remove			
51 Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional sheets, if no	ecessary). (Be speci	ific)			
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	- · - ·		-		
If an amendment provides	for an exchange, reci	lassification, or can	scellation of issued	shares,	
provisions for implementing	ng the amendment if	not contained in th	<u>ie amendment itsel</u>	<u>lf:</u>	
(if not applicable, indic	'ate (\$720)				
/A					
			-		
			<u></u>		

	APRIL 17 TH 2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	PRIL 18TH 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this and Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	I(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ગ <i>ા</i>
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and sharehol	der
☑ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/20/2 Dated Signature		
(By selec	director, president or other officer – if directors or officers have not beeded, by an incorporator – if in the hands of a receiver, trustee, or other ecointed fiduciary by that fiduciary)	n Surt
	SHIRAZ LOKHANDWALA	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	

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