# 08000106314

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| (Onyotate/Elph Hone II)                 |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
| ;                                       |
|   |
|   |
|   |
|   |

Office Use Only



600209414436

07/06/11--01016--007 \*\*35.00

Anand

JUL 08 2011

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORI                               | PORATION:                                    | POPCORN NEAL, INC   | •   |
|--|--|---|---|
| DOCUMENT NUMBER:                           |  | P08000106314  |   |
| The enclosed Artic                         | cles of Amendment and fee a                  | are submitted for filing.   |   |
| Please return all co                       | orrespondence concerning th                  | is matter to the following:                                       |   |
|  |  | FRED E SIMCIC   |   |
|  | Ŋ  | Jame of Contact Person  |   |
|  |  | TAPS  | ·   |
|  |  | Firm/ Company   |   |
|  |  | PO BOX 310582   |   |
|  |  | Address   |   |
|  |  | TAMPA, FL 33680   |   |
|  | C  | City/ State and Zip Code  |   |
| _  | FRED@TF<br>E-mail address: (to be use        | RUCKPERMITS.NET ad for future annual report notification)         |   |
| For further information                    | ation concerning this matter,                | please call:  |   |
| F  | RED E SIMCIC                                 | at ( 813 ) 66  Area Code & Daytime Tele                           | 4-0900  |
| Name                                       | of Contact Person                            | Area Code & Daytime Tele  | phone Number  |
| Enclosed is a chec                         | k for the following amount n                 | nade payable to the Florida Departi                               | ment 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) |
| Mailing Address                            |  | Street Address  |   |
| Amendment Section Division of Corporations |  | Amendment Section Division of Corporations                        |   |
| P.O. Box 6327                              |  | Clifton Building  |   |
| Tallahassee, FL 32314                      |  | 2661 Executive Center Circle                                      | •   |

Tallahassee, FL 32301

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

# POPCORN NEAL, INC

### (Name of Corporation as currently filed with the Florida Dept. of State)

| P08000106314  | ļ.  |                                |
|---|---|--------------------------------|
| (Document Number of Corpora   | ntion (if known)                          |                                |
| Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:   | utes, this Florida Profit Corporation 2   | idopts the following           |
| A. If amending name, enter the new name of the corporation  | on:                                       |                                |
|   |   | The new                        |
| name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional assoc | Corp," "Inc," or "Co". A profession       | ated" or the<br>al corporation |
| B. Enter new principal office address, if applicable:   | 16958 US HWY 41 S                         | <del></del>                    |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | SPRING HILL, FL 34610                     | 4 <u>.</u>                     |
|   |   |                                |
| C. Enter new mailing address, if applicable:  |   |                                |
| (Mailing address MAY BE A POST OFFICE BOX)  | PO BOX 310582                             | _                              |
|   | TAMPA, FL 33680                           | 6 AM ID: 2                     |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac   |   |                                |
| Name of New Registered Agent:   |   |                                |
| New Registered Office Address: (Flori   | rida street address)                      |                                |
|   | , Florida                                 |                                |
| (City   | ) (Zip Code)                              |                                |
| New Registered Agent's Signature, if changing Registered  |   |                                |
| I hereby accept the appointment as registered agent. I am fan   | niliar with and accept the obligations of | ! the position.                |
|   |   |                                |
| Viguation of Mar  | w 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)

| <u>Title</u> | <u>Name</u>  | Address  | Type of Action |
|--------------|--|--|----------------|
|              |  |  |                |
|              | <u> </u>   |  | ☐ Add ☐ Remove |
|              |  |  |                |
|              | iding or adding additional Aradditional Sheets, if necessary). |  |                |
|              |  |  |                |
| provis       |  | schange, reclassification, or cancellat<br>endment if not contained in the ame |                |
|              |  |  |                |
|              |  |  |                |
|              |  |  |                |

| The date of each amendmen                         | t(s) adoption:    | 7/5/11   |
|---|-------------------|--|
| Effective date <u>if applicable</u> :             | 7/5/11            | (date of adoption is required)   |
|   | (no more tha      | an 90 days after amendment file date)  |
| Adoption of Amendment(s)                          | (                 | (CHECK ONE)  |
| The amendment(s) was/we by the shareholders was/w |                   | the shareholders. The number of votes cast for the amendment(s) for approval.  |
|   |                   | by the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s): |
| "The number of votes                              | cast for the an   | mendment(s) was/were sufficient for approval   |
| by  | (voting group     | .,,  |
|   | (voting group     | p)   |
| The amendment(s) was/we action was not required.  | ere adopted by    | the board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.  | ere adopted by    | the incorporators without shareholder action and shareholder   |
| Dated_7/5/  | 11                |  |
| Signature<br>(By                                  | y a director, pro | resident or other officer – if directors or officers have not been   |
| sel   | ected, by an in-  | ncorporator - if in the hands of a receiver, trustee, or other court ary by that fiduciary)                                  |
|   |                   | NEAL DORFMAN   |
|   |                   | (Typed or printed name of person signing)  |
|   |                   | PRESIDENT  |
|   | (Titl             | le of person signing)  |
|   |                   |  |