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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

P09000002415 DOCUMENT NUMBER:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUSTIN OMANOFF

Name of Contact Person

CRAVE DISTRIBUTION INC

Firm/ Company

20533 BISCAYNE BLVD STE 4-489

Address

AVENTURA, FL 33180

City/ State and Zip Code

JUSTIN@BLUEDOGINK.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN OMANOFF

Name of Contact Person

at (<u>561</u>) <u>702-6842</u> Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

📕 \$35 Filling Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)

\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OFFICECRAVE.COM INC.

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

16 FEB 12 AH 8: 29

P09000002415

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

	The new
name must be distinguishable and contain the word "co "Corp ." "Inc.," or Co.," or the designation "Corp." "h word "chartered," "professional association." or the abbre	orporation," "company," or "incorporated" or the abbreviation (nc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	450 NORTH PARK ROAD SUITE 810
(Principal office address <u>MUST BE A STREET ADDRES</u>	∑) HOLLYWOOD, FL 33021
C. Enter new mailing address, if applicable:	, 20533 BISCAYNE BLVD STE 4-489
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	. 20555 BISCATINE BLVD 511: 4-469
	AVENTURA, FL 33180
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
()	Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register 1 hereby accept the appointment as registered agent. 1 am	

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 F. 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:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Tide</u>	Name .	Address
() Change		N/Λ	
Add			
Remove			
2) Change			
Add			·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·····
Remove			
6) Change			
Add			•
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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FILING FOR AMENDMENT IN ORDER TO CHANGE THE COMPANY NAME FROM OFFICECRAVE.COM INC.

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TO CRAVE DISTRIBUTION INC.

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F. <u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares,</u> provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

·····

N/A

Pagé 3 of 4

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		<u>_</u>
The date of each amendment(s) add	ption:	<u> </u>
date this document was signed.		States and seven and
Effective date <u>if applicable</u> :		16 FEB 12 AH 8: 24
	(no more than 90 days after amo	endment file date)
Note: If the date inserted in this blo document's effective date on the Depa		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

□ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by

(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

January 25, 2016 Dated Signature

(By a director, president or other officer -- if directors or officers have not been selected by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JUSTIN OMANOFF

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)