P09000009441

| (Requestor's Name) | |
|--|--------------|
| (4) | ! |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: While the special Market of the Special Instructions to Filing Officer: While the special Instructions to Filing Officer: While the special Instructions to Filing Officer: | |
| per more DC | \downarrow |
| Office Use Only | |



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March 14, 2014

NICOLE MADMON 33148 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684

SUBJECT: BAGEL DELI CAFE INC Ref. Number: P09000009441

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Is Adam Seplowe being removed as PRESIDENT AND DIRECTOR or just the position of PRESIDENT only?????

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 914A00005655

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: Bage Deli Cafe Inc DOCUMENT NUMBER: P0900009441 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person |
| Firm/Company 33148 U.S. Highway 19 Morth Address J. 34684 City/State and Zip Code machine Dical Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ni we madmo at (516) 779-7870 Name of Contact Person at (516) Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

Articles of Amendment to Articles of Incorporation

| Articles of incorporation | |
|--|--|
| Basel Del Cafe For | |
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| Pagmongyul | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation: | lowing amendment(s) |
| A. If amending name, enter the new name of the corporation: | |
| • | The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or to "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name in word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | the abbreviation must contain the |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | FILED 14 MAR 18 PH |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the | 54. 5 |
| new registered agent and/or the new registered office address: | 5.5 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 |
| Name of New Registered Agent Dicol (MACINO) | |
| New Registered Office Address: Palm Harbor, Florida 346 (City) New Registered Office Address: (City) | <u>84</u> |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positi Signature of New Registered Agent, if changing | ion. |

· 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 <math>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 | PT John | <u>Doe</u> | • |
|-------------------------------|----------------------|--------------|--------------------------------------|
| X Remove | <u>V</u> <u>Mike</u> | <u>Jones</u> | |
| X Add | SV Sally | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | Address . |
| 1) Change | ρ | Niedemadmon | 33148 U.S. Highway 19 north, C.H. |
| Remove | | | F1.34689 |
| 2) Change | PD | Adam Seplane | 33148US. Highwa |
| Remove | • | | F1. 34084 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | <u> </u> |
| Remove | • | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | (Be specific) | | | |
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| an amendment provides for an excha provisions for implementing the amen | ange, reclassification, | or cancellation o | of issued shares, nent itself: | |
| (if not applicable, indicate N/A) | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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) | |
| (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. | |
| Dated 3 5 2014 | |
| Signature | |
| (By a director, president or other officer - it 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) | |
| appointed inductary by that inductary) | |
| Nical madmon | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |