P09000035834

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SECRETARY OF STATE
ALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: New Begin	ings Barba + Ixpresse Bar d	Rc.
DOCUMENT NUMBER:	9 0000 35834	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
2 duin	Rivers	
(Name of Co.	entact Person)	
CENTRAL Fr A	lecting of Tay Sucs Inc	
(Firm/ Co	ompany)	
7901 lang	s porte Pkwy Avs	
(Add	iress)	
Or lando,	Je 32819	
(City/ State a	and Zip Code)	
For further information concerning this matter, plea		
(Name of Contact Person)	at (47) 765709 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) Pog 000035834
(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 New Beginings Ban	ber + ex	presso	βai	Inc.
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	and contain the ""Inc.," or Co.,	word "cor or the des	poration," signation "C	"company," or Corp," "Inc," or
B. <u>Enter new principal office address, if ap</u> Principal office address <u>MUST BE A STRE</u>				
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u> I	<u>le:</u> TCE BOX)			
D. If amending the registered agent and/or new registered agent and/or the new re			lorida, ent	er the name of the
Name of New Registered Agent:				_
New Registered Office Address:	(Floria	la street add	ress)	_
		(City)		_, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.			and accep	ot the obligations of the
_	Signature of New I	Registered A	gent, if cha	nging

The date of each amendment(s) adoption:
Effective date if applicable: 4/25/09
(no more than 90 days after amendment file date)
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)
(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 4 24 log
Signature (B) 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)
Tarrer Fernande 3 (Typed or printed name of person signing)
(Typed or printed name of person signing)
Driecton
(Title of person signing)