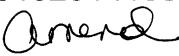
# P1000001519

(Requestor's Nam	ne)			
(Address)				
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(City/State/Zip/Ph	one #)			
PICK-UP WAIT	MAIL			
(Business Entity N	Name)			
(Document Number)				
Certified Copies Certifica	ates of Status			
Special Instructions to Filing Officer:				
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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations GOOD APPLES, INC NAME OF CORPORATION: DOCUMENT NUMBER: P1000001519 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES L. KELLEY Name of Contact Person GOOD APPLES, INC Firm/ Company 3723 E COUNTY HWY 30A, UNIT 9 Address SANTA ROSA BEACH, FL 32459 City/ State and Zip Code GOODAPPLESINC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAMES L. KELLEY Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & **✓** \$43.75 Filing Fee & □ \$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations 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**

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FILED

GOC	DD APPLES, INC.	2010 JUN 28 PM 1: 08
(Name of Corporation as c	urrently filed with the Florida Dep	t. of State)
	0001519	SECRETARY OF STATE TALLAHASSEE FLORIDA
(Document )	Number of Corporation (if known)	•
Pursuant to the provisions of section 607. mendment(s) to its Articles of Incorporation		Profit Corporation adopts the following
. If amending name, enter the new nam	e of the corporation:	
		The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if	applicable:	
Principal office address <u>MUST BE A STR</u>		<u> </u>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
	<del></del>	
D. If amending the registered agent and/ new registered agent and/or the new r		ida, enter the name of the
Name of New Registered Agent:	JAMES L. KELLEY	
	522 CLAREON DRIVE	
New Registered Office Address:	(Florida street address	s)
	PANAMA CITY BEACH	District 22/12
	(City)	, Florida <u>32413</u> (Zip Code)
	(City)	(Elp Couc)
lew Registered Agent's Signature, if char		
hereby accept the appointment as registere	ed agent. I am familiar with and acc	cept the obligations of the position.
	<1000	
-	Signature of New Registered Agen	nt. 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>	Name	Address	Type of Action		
PRES .	REINIER PHILIPPONA	3692 E CO HWY 30A, UNIT 16 SANTA ROSA BEACH, FL 32459	☐ Add ☑ Remove		
<u>PRES</u>	JAMES L. KELLEY	522 CLAREON DR PANAMA CITY BEACH, FL 32413	☑ Add □ Remove		
			☐ Add ☐ Remove		
	g or adding additional Articles, enter st ional sheets, if necessary). (Be specific				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)					