## P1000017018

(Requ	estor's Name)	
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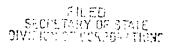
## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: \_\_\_\_ Duff's of Bradenton, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leslie A. Spang Name of Contact Person Firm/ Company 11541 Shipwatch Dr. #1010 Address Largo, FL 33774 City/ State and Zip Code laspang@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leslie A. Spang Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 of



16 APR 14 AM 9: 56

Duff's of Bradenton, Inc.			
( <u>Name</u>	of Corporation as current	ly filed with the Florida De	pt. of State)
P10000017018			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable:		N/A	
Principal office address <u>MUST BE A S</u>			
		<del></del>	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent an new registered agent and/or the new			ame of the
Name of New Registered Agent	Randy Kiser		
Name of the Megistered Tigeth	2876 Knollwood Ct.		
		reet address)	
	Clearwater	oor awar oosy	33761
New Registered Office Address:		(City)	, Florida
		(Cuy)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	t <del>:</del>	
hereby accept the appointment as regist			ons of the position.
	1/ 1/ 1/		
<u>X</u>	Rangy Wor		, , , , , , , , , , , , , , , , , , ,
	Signature of New I	Registered Agent, if changing	3

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 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Randy Kiser	2876 Knollwood Ct.
Add			Clearwater, FL 33761
Remove			
2) X Change	T	Stacey Kiser	2876 Knollwood Ct.
Add			Clearwater, FL 33761
Remove			
3) X Change	S	Randy Kiser	2876 Knollwood Ct.
Add			Clearwater, FL 33761
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
I/A	
<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
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provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:		, if other than the
date this document was signed.	·	St pos sylv	CAL CROSSING BOOK STON
Effective date <u>if applicable</u> :			e. o. 1104i
	(no more than 90 days a	fier amendment file date 16 APR 14	AM 9:56
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable state epartment of State's records.	tutory filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number ufficient for approval.	of votes cast for the amendment(s)	
	proved by the shareholders through voti reach voting group entitled to vote sepa		
"The number of votes cas	t for the amendment(s) was/were sufficient	ent for approval	
by		,"	
	(voting group)		
The amendment(s) was/were ac action was not required.	opted by the board of directors without	shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without share	eholder action and shareholder	
March 30	, 2016		
Dated Signature	July Whong		
(By a select	director, president or other officer – if ded, by an incorporator – if in the hands onted fiduciary by that fiduciary)		<del></del>
	Leslie A. Spang		
	(Typed or printed name of	person signing)	
	Vice President		
	(Title of persor	ı signing)	