Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004231313)))



H210004231313ABCR

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN: FRESNO & BAKERSFIELD, INC.

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DEC 09 2021

Accounting Office KIM MARKS, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT 2136 NE 123rd Street North Miami, Florida 33181-2902

Toll Free USA: 888-895-5815 Email: kimmarks@kimmarkscpa.com

Tel: (305) 895-5815 Fax: (305) 895-6273

December 8, 2021

Florida Department of State **Division of Corporations** FAX: 1-850-617-6380

Fax Audit Number: H210004231313

RESUBMISSION

Pages: 10

This request is being resubmitted at the direction of the Division of Corporations help line. Please process this request with original submission date of November 16, 2021.

Thank you for your help and attention to this matter,

I make Cost

Kim Marks, CPA

CAF 650516816r

Davita Syfert

From:

Stephen Korn

Sent:

Tuesday, November 16, 2021 11:05 AM

To:

Davita Syfert

Subject:

FW: FAX SUCCESS TO 18506176380

Attachments:

69811523_confirm_fax.tif

From: Kim Marks

Sent: Tuesday, November 16, 2021 11:04:59 AM (UTC-05:00) Eastern Time (US & Canada)

To: Shari Silver, Stephen Korn; Davita Syfert Subject: FW: FAX SUCCESS TO 18506176380

From: FaxDelivery_DoNotReply

Sent: Tuesday, November 16, 2021 11:03:47 AM (UTC-05:00) Eastern Time (US & Canada)

To: Kim Marks

Subject: FAX SUCCESS TO 18506176380

Dear Kim Marks,

The following are the results for Fax Subject:0

UserID

: 104610

MessageID

: 69811523

Creation Time: 11/16/2021 10:59:27 AM

Dialed Number: 18506176380

Pages Sent

Fax Status

: SUCCESS

Country

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Duration

: 3:18

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421000423:1313

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: FRESNO & BAK	ERSFIELD INC		
DOCUMENT NUMB	P1000061194			
	of Amendment and fee are sul	omitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
;	STEPHEN KORN			
-		Name of Contact Person		_
;	KIM MARKS CPA PA	(and of oone		
•		Firm/ Company		_
	2136 NE 123RD ST			
•	<u> </u>	Address		_
	NORTH MIAMI FL 33181			
•		City/ State and Zip Code		
	STEPHEN@KIMMARKSCF	PA.COM		
•	E-mail address: (to be us	ed for future annual report	notification)	
For further information	o concerning this matter, pleas		895-5815	
Name o	of Contact Person	Area Co	995-5815 de & Daytime Telephone Numb)er
Enclosed is a check for	r the following amount made			
■ \$35 Filing Fec	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	!
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassec, FL 32314	Amend Division The C 2415 I	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

H210004231313

Articles of Amendment to Articles of Incorporation of

FRESNO & BAKERSFIELD INC			
(Name o	f Corporation as currentl	y filed with the Florida Dept. of Sta	te)
P10000051194			1
	(Document Number o	f Corporation (if known)	i
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp," "Inc," or "Co". A	A professional corporation name m	ust contain the word
B. Enter new principal office address, if applicable:		2136 NE 123RD ST	
(Principal office address MUST BE A S		NORTH MIAMI FL 33181	<u></u>
			122
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2136 NE 123RD ST	
		NORTH MIAMI FL 33181	TO P
			E 0 12
D. If amending the registered agent an	id/or registered office add	ress in Florida, enter the name of t	he PA
new registered agent and/or the new	w registered office address	<u>s:</u>	1
Name of New Registered Agent	KIMMARKS CPA, P.A.		
	2136 NE 123RD ST		
	(Florida st	reet address)	
New Registered Office Address:	NORTH MIAMI	, Floric	33181
new negative a office reasons.		(City)	(Zip Code)
			1
			I
New Registered Agent's Signature, if c	hanging Registered Agent	<u>ti</u>	1
I hereby accept the appointment as regis	tered agent. I am jamiliar	with and accept the congations of the	position.
	7, -		•
	Signature of New 1	Registered Agent, if changing	
Check if applicable		.	4
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.	,i

H21000 423 1313

1

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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	•
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PRES	TRIVEDI, CHIRAG D	18201 COLLINS AVE #3909A
Add			SUNNY ISLES BCH FL 33160
X Remove			1
2) X Change	DIR, CEO	TRIVEDI, DILIP B	2136 NE 123RD ST
Add			NORTH MIAMI FL 33181
Remove 3) Change			
Add			
Remove			
4)Change			
Add.			
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

	I !
	i
b	ŀ
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(i) not applicable, maicale 1971)	
	•
	1
	<u>_</u> _
	•
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	·

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Elittive date in appareable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
NOVE Dated	MBER 16, 2021	,
Signature	Denleudre	_ _ :
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	İ
	DILIP B TRIVED!	İ
	(Typed or printed name of person signing)	
	DIRECTOR, CEO	
	(Title of person signing)	