

P10000065834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

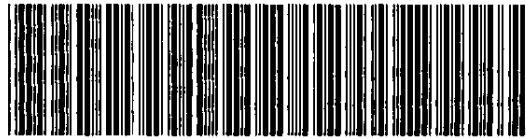
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Amend/NC
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SECURITY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: BIG TOM'S SOUL FOOD, INC.

DOCUMENT NUMBER: P10000065834

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THEYNONIA D. OXENDINE
Name of Contact Person

BIG TOM'S SOUL FOOD AND LOUNGE, CORP
Firm/ Company

223A WEST KING STREET
Address

ST. AUGUSTINE, FLORIDA 32084
City/ State and Zip Code

theynonia@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theynonia D. Oxendine at (843) 864 8650
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 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
to
Articles of Incorporation
of

FILED
2010 OCT 25 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BIG TOM'S SOUL FOOD, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P10000065834
(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 of the corporation:

BIG TOMS SOUL FOOD AND LOUNGE CORPORATION The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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)**

750 South Orange Street
St. Augustine, Florida
32084

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

223 A West King Street
St. Augustine, Florida
32084

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

n/a

New Registered Office Address:

n/a
(Florida street address)

n/a, Florida n/a
(City) (Zip Code)

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 position.

n/a
Signature of New Registered Agent, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Constance N. Oxendine</u>	<u>1025 West 15th Street</u> <u>St. Augustine, Florida</u> <u>32084</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Natalie A. Garden</u>	<u>1093 Puryear Street</u> <u>St. Augustine, Florida</u> <u>32084</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T/S</u>	<u>Demetria S. Brown</u>	<u>874 West 9th Street</u> <u>St. Augustine, Florida</u> <u>32084</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

Article IV - The number of shares the
corporation is authorized to issue is : 100

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)

N/A

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Theynonia D. Oxendine	750 South Orange St St. Augustine, FL 32084	<u>Add</u> Remove

The date of each amendment(s) adoption: October 20, 2010
(date of adoption is required)
Effective date if applicable: October 29, 2010
(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)

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 10/20/2010

Signature Constance Oxendine
(By 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)

CONSTANCE Oxendine
(Typed or printed name of person signing)

President
(Title of person signing)