P10000008386

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: St. Philopateer Foo	od Mart	
DOCUMENT NUM	BER: P10000068386		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Fouad Hanna		
		Name of Contact Person	n
	St. Philopateer Food Mart		
		Firm/ Company	
	6521 Ridge Road #1	,, _ ,,	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Port Richey, Fl, 34668		
		City/ State and Zip Cod	e
Han	na4309@hotmail.com		
 -	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Fouad Hanna		at (7421784
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
	niling Address		Address
	nendment Section vision of Corporations		lment Section on of Corporations
	Asion of Corporations), Box 6327		ni or Corporations Building
	lahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

St. Philopateer Food Mart			The same of the sa
(Name e	of Corporation as currently	filed with the Florida Dept of State	D to an
P10000068386		•	의 D # \$0
<u></u>	(Document Number of	Corporation (if known) かりょんのんさい	E.F. Lun &
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Iorida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	lo". A professional corporation nan	or the abbreviation
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli	<u>içable:</u>		
(Mailing address MAY BE A POST)	OFFICE BOX)		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	Angel G Hanna		
	4309 Ridgemoor Drive Nor	ıh	
	(Florida stree	et address)	
New Registered Office Address:	Palm Harbor	Florida	34685
New Regisser to Symme Flatters.	(1	Cuy)	(Zip Code)
New Registered Office Address:	Palm Harbor	, Florida_	34685 (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations of the p	osition.
Λ	121-0	_	
MMy	Signature of New Re	gistered Agent, if changing	
U	Signature of New Re	gistered 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)

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 Doc	
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) Change	P	Amal F Hanna	3845 Sorrel Vine Drive
Add	-		Wesley Chapel Fl 33544
X Remove			
2) Change	Р	Angel G Hanna	4309 Ridgemoor Drive North
Add			Palm Harbor Fl 34685
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 12/1/2018	
Effective date <u>if applicable</u> : (no more than 90 days after amounts)	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting ground must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
by(voting group)	·
 The amendment(s) was/were adopted by the board of directors without shareho action was not required. The amendment(s) was/were adopted by the incorporators without shareholder 	
action was not required.	
Dated	
Signature (By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a recease appointed fiduciary by that fiduciary)	
Amal Hanna	
(Typed or printed name of person	signing)
President	
(Title of person signin	g)