

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000185227 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

\*\*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  
FLORIDA BUNNIES INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$35.00 |

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2011 JUL 20 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
11 JUL 20 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
7-20-11

Articles of Amendment  
to  
Articles of Incorporation  
of

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FLORIDA BUNNIES INC.(Name of Corporation as currently filed with the Florida Dept. of State)P10000076735(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:**

*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)*

5401 HAVERHILL RD N.  
SUITE 117  
WEST PALM BEACH FL 33407

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

5401 HAVERHILL RD N.  
SUITE 117  
WEST PALM BEACH FL 33407

**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:

KATHRYN ARNOLD

New Registered Office Address:

5401 HAVERHILL RD N. SUITE 117

*(Florida street address)*

WEST PALM BEACH

*(City)*

Florida 33407  
*(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.*

  
*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:** H11000185227 3  
*(Attach additional sheets, if necessary)*

| <u>Title</u> | <u>Name</u>    | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|----------------|--|--|
| D.P          | KATHRYN ARNOLD | 5401 Haverhill Rd N Ste 117<br>West Palm Beach, FL 33407 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional 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)*

The date of each amendment(s) adoption: 6/27/2011

(date of adoption is required)

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Effective date if applicable:

(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 6/27/2011

Signature \_\_\_\_\_

(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)

KATHRYN ARNOLD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)