P10000077282

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(···- ·
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
Special instructions to	Timing Officer.	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Healthy Bit	es Fitness Cuisi	ne, Inc.	
	BER: P1000007728			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Pamela N Shaw			
		Name of Contact Person	1	
	Healthy Bites Fitr	ness Cuisine, Inc	D.	
		Firm/ Company		
	PO Box 568245			
		Address		
	Orlando, Florida	32856		
		City/ State and Zip Cod	e	
par	nshaw@cfl.rr.com	1		
<u> </u>	_	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Pamela N Sh	naw	at (407	, 620-6308	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	
Mailing Address Amendment Section			Address	
			Iment Section	
	sion of Corporations . Box 6327	Division of Corporations Clifton Building		
	ahassee, FL 32314	2661 Executive Center Circle		
	,	Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



Healthy Bites Fitness Cuisine,	Inc.		7.
(Name of Corporation as current	y filed with the Florida Dept	. of State)	_
P10000077282			
(Document Number	r of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Proj	fit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the various of the designation "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or B. Enter new principal office address, if applica (Principal office address MUST BE A STREET ACC. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reginew registered agent and/or the new registered.	orp," "Inc," or "Co". A prothe abbreviation "P.A." able: ADDRESS) BOX) stered office address in Flori	ofessional corporation name must	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		ept 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:

(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 Doe	2	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VD	_	Daniel W Humphress	100 S Eola Drive
Add				# 1503
Remove				Orlando, FL 32801
2) Change	VD	_	Randy O Burden	
Add				
Remove				
3) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
Land Remove				

	mending or adding additional Articles, enter ach additional sheets, if necessary). (Be speci	
(and additional process, if necessary,	,·- <i>y</i>
		NO. 100 110 NO. 100 NO.
[f an	ın amendment provides for an exchange, recla	ossification, or cancellation of issued shares
pro	rovisions for implementing the amendment if i	not contained in the amendment itself:
	(if not applicable, indicate N/A)	
·		
		

date this document was signed.	adoption:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	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 ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
\neg	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated June	18, 2014	
Signature	Pamela M. Shaw	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Pamela N Shaw	
	(Typed or printed name of person signing)	
	Secretary/Treasurer	
	(Title of person signing)	