

P100000092994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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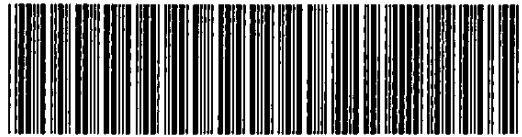
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2011

CINDY SCHAEFFER
DICKENSON MURPHY REX AND SLOAN
150 E PALMETTO PARK RD STE 500
BOCA RATON, FL 33432

SUBJECT: JC MASTERMEATS CORP.
Ref. Number: P10000092994

We have received your document for JC MASTERMEATS CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one box under the adoption of amendment.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 411A00028263

12/27/11

document corrected per this letter.

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DEC 1-3 AM 8:43

TALLAHASSEE, FLORIDA

Cindy Schaeffer
Florida Registered Paralegal

DAVID B. DICKENSON, ESQ.

150 E. Palmetto Park Rd.

Suite 500

Boca Raton, FL 33432

561 391-1900

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JCMASTERMEATS CORP.

DOCUMENT NUMBER: P10000092994

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

Please return all correspondence concerning this matter to the following:

CINDY SCHAEFFER, FLORIDA REGISTERED PARALEGAL
Name of Contact Person

DICKENSON MURPHY REX AND SLOAN
Firm/ Company

150 E. PALMETTO PARK ROAD, SUITE 500
Address

BOCA RATON, FL 33432
City/ State and Zip Code

cgs@dmrslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CINDY SCHAEFFER at (561) 391-1900
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

12 JAN -3 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IC MASTERMEATS CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000092994

(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**)

15215 PLANTATION OAKS DRIVE

APT. 8

TAMPA, FL 33647

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

15215 PLANTATION OAKS DRIVE

APT. 8

TAMPA, FL 33647

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:

(Florida street address)

New Registered Office Address: _____, Florida _____
(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.

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>P</u>	<u>JOSHUA RALF DEGENHARDT</u>	<u>15215 PLANTATION OAKS DRIVE</u> <u>APT. 8</u> <u>TAMPA, FL 33647</u>
2) <u>VP</u>	<u>REINHARD DEGENHARDT</u>	<u>15215 PLANTATION OAKS DRIVE</u> <u>APT. 8</u> <u>TAMPA, FL 33647</u>
3) <u>SEC</u>	<u>EMMI DEGENHARDT</u>	<u>15215 PLANTATION OAKS DRIVE</u> <u>APT. 8</u> <u>TAMPA, FL 33647</u>
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>P</u>	<u>RALF DEGENHARDT</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

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- 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: 12-7-11

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 December 7, 2011

Signature Joshua Degenhardt

(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)

JOSHUA DEGENHARDT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)