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SECRETARY OF STATE
ALLAHASSEE, FIGURE

C. LEWIS 0CT 2 2 2013 EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Kathy's Bakery Inc. DOCUMENT NUMBER: P10000096750 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Kathy Paredes** Name of Contact Person Kathy's Bakery Inc. Firm/ Company 10150 Beach Blvd Suite 18 Address Jacksonville, FL 32246 City/ State and Zip Code rpjax@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 472-8176

Area Code & Daytime Telephone Number Rebecca Laracuente-Perez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

APPROVED AND FILED

Articles of Amendment to **Articles of Incorporation** of

13 OCT 15 PM 12: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

	Kathy's Ba	ikery, inc.		TONIUA
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)		
	P10000	096750		
(Documen	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation ad	dopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
M-2-,				_The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "Co	". A professional corpora		
B. Enter new principal office address, i (Principal office address MUST BE A ST	f applicable: FREET ADDRESS)		<u> </u>	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C				
D. If amending the registered agent and	d/or registered office addres:	s in Florida, enter the nan	ne of the	
new registered agent and/or the new				
Name of New Registered Agent	Rebecca Laracuent	e-Perez, CPA, PA		
	9905 Old St. Augus	stine Rd, Ste 102		
	(Florida street	•		
New Registered Office Address:	Jacksonville	, Florida	32257	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar with the control of New Registered Age	h and accept the obligation.	s of the position.	
Sig	nature of New Registered Age	ent, if changing		

•							
If amending the (Officers and/or	Directors, enter	the title and name of	each officer/director	being removed a	nd title, name, an	d
address of each O	fficer and/or D	irector being add	led:				

(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:	, ини зин	iy omun, i	эг из ин лии.	
X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change				
Add		_		
Remove				
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Add				
Remove				
4) Change		_		
Add Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-	·	
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	additional sheet	ts, if necessary).	(Be specific)	ge(s) here:		
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	mendment prov	nenting the ame	nange, reclassific adment if not co	eation, or cancell ontained in the a	ation of issued sh mendment itself:	ares,
provis	i <mark>ions for implen</mark> I not applicable,	indicate N/A)				
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			APPROVED
The date of each amendment(s) ad	antian. 10/8/2013		File Constant of
date this document was signed.	option:		13007 , n outer than th
Effective date <u>if applicable</u> :	10/9/2013		TALL RETARD PHIZ: 40
	(no more than	90 days after amendment file dat	13 007 15 PM 12: 48 SECRETARY OF STATE e) AHASSEE, FLORIDA
Adoption of Amendment(s)	(CHECK ONE)		ONIOA
The amendment(s) was/were ado by the shareholders was/were su		he number of votes cast for the an	nendment(s)
		rough voting groups. The following vote separately on the amendme	
"The number of votes cast	or the amendment(s) was/w	ere sufficient for approval	
by			
•	(voting group)	,,	
The amendment(s) was/were ado action was not required.	oted by the board of director	rs without shareholder action and	shareholder
The amendment(s) was/were ado action was not required.	oted by the incorporators wi	thout shareholder action and share	eholder
Dated_10/8/201	3/ Alul 8		
(By a di	rector, president or other off	ficer - if directors or officers have	not been
		he hands of a receiver, trustee, or	other court
appoint	ed fiduciary by that fiduciary	y)	
	Kathy	Paredes	
	(Typed or	printed name of person signing)	
	Presi	dent	
	(7)	Title of person signing)	• •