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TALLANASSEE: FLORIDA

<u>COVER LETTER</u>

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Lab Restaurant Consultants Inc.
DOCUMENT NUMBER: PHOOEE 2366X
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Name of Contact Person
Lab Restaurant Consulrants, Inc
Firm/ Company
3368 Cortuna Orive
Melbourne, FL 32940 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (454) 546-9458 Area Code & Daytime Telephone Number
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 Chron Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	to Articles of Incorporation			
Loh Bac	taurant Consultants Inc.			
		·		
.3	f Corporation as currently filed with the Florid	da Dept. of State	<u>e)</u>	
111006				_
	(Document Number of Corporation (if know	n)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corpor	ation adopts the	following amendment(s)	to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designation of chartered," "professional associations."	ain the word "corporation," "company," or "ation "Corp," "Inc," or "Co". A professional tion," or the abbreviation "P.A."	incorporated corporation nan	The new or the abbreviation ne must contain the	
B. Enter new principal office address, i (Principal office address MUST BE A ST				
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C	d/or registered office address in Florida, enter t	the name of the		
	3365 Cortuna Drive			
	(Florida street address)			
	Melbourne		62946	
New Registered Office Address:	(City)	, Florida_	Cin Code	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar with and accept the obl	ligations of the p	osition.	

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: XChange	<u>PT</u>	John Doe	
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	<u> </u>	Leon Bussens	5455 Ferris Ave
Add Remove			Ave Maria, FL 3+1-2
2) Change		Dunne & Barrows	North Miumi Deach, FL 3316
Remove 3) Change Add		Dwane L Parrows	3368 Lortona Drive Melbourne, FL 32946
Remove 4) Change Add			
Remove 5) Change			
Add Remove			
6) Change Add	 		
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
n/a	

The date of each amendment(s) adoption:	, if other than the
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ 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):	eni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ег
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Sept. 24, 2617	
Signature Nume A. Ammony	
(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 courappointed fiduciary by that fiduciary)	1
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	·
(Title of person signing)	
(Title of person signing)	