

PT11000040695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

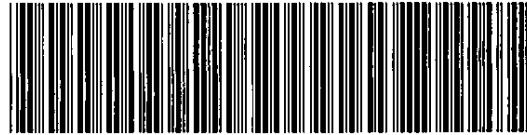
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TALLAHASSEE, FLORIDA

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*Amey*  
*8-5-11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SNEADS FOOD STORE, INC.

**DOCUMENT NUMBER:** P11000040695

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

Please return all correspondence concerning this matter to the following:

WILLIAM S. VASQUEZ

Name of Contact Person

A & A BUSINESS SERVICES, INC.

Firm/ Company

7751 KINGSPONTE PKWY SUITE 125

Address

ORLANDO FL. 32819

City/ State and Zip Code

aabusinessfl@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Vasquez

Name of Contact Person

at ( 407 )

383-7812

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
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

FILED  
PAGE 05/07  
2011 AUG -4 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**SNEADS FOOD STORE, INC.**

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

**P11000040695**

(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**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**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:

**ABDLHAKIM H. HALUM**

New Registered Office Address:

**7953 HIGHWAY 90**

(Florida street address)

**SNEADS**

(City)

**Florida 32460**

(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

07/27/2011 02:23 p TO: +1 (850) 6272953 FROM: 4074423668  
 07/28/2011 05:24 4074423668

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 AA BUSINESS SERVICES

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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)

| <u>Title</u> | <u>Name</u>               | <u>Address</u>                                    | <u>Type of Action</u>  |
|--------------|---------------------------|---|--|
| <u>VP</u>    | <u>RAED HAIFA</u>         | <u>640 PAT THOMAS</u><br><u>PARKWAY, FL 32351</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>PD</u>    | <u>ABDLHAKIM H. HALUM</u> | <u>7953 HIGHWAY 90</u><br><u>SNEADS, FL 32460</u> | <input checked="" 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)

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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)

ARTICLE II: AMEND RAED HAIFA SHARES FROM 50 TO 0

ARTICLE II: ADD 50 SHARES TO ABDLHAKIM H. HALUM

ADDRESS: 7953 HIGHWAY 90, SNEADS FL 32460 US

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The date of each amendment(s) adoption: 07/27/2011

(date of adoption is required)

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 07/27/2011

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)

ABDLHAKIM H. HALUM

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)