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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: The pa	or porker I	-nc·
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
	Robyv	wilson	
_		Name of Contact Persor	1
	The s	poor porker I	NC.
-		Firm/ Company	
	177		
-	122	Address	
	Lake	S. Lake Ave· land, fl. 3380	}
_		City/ State and Zip Code	e
	The man	une (annil an	
1''1		KER C gmail. consed for future annual report	
For further information	concerning this matter, please	·	
Robyn u	ilsou	at (_ 	485 - 8649
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
<u>Mai</u> l	ing Address	Street	Address
Ame	ndment Section	Ameno	iment Section
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	hassee, FL 32314		Executive Center Circle
1 4	,		assee, FL 32301

Articles of Amendment

Articles of Incorporation

The poor porker Inc.

(Name of Corporation as currently filed with the Florida Dept. of State 2016 SEP 30 PM 1: 00

P11000083924

(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporat	ion:
i	The new
	poration," "company," or "incorporated" or the abbreviation "," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable:	122 S. Lake Ave
(Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	122 S. Lake Ave
(Mailing duaress MAI BE A FOST OFFICE BOX)	122 S. Lake Ave: Lakeland, fl. 33001
D. If amending the registered agent and/or registered office and/or the new registered office a	address:
Name of New Registered Agent WIIS6M	, Robyn
(FI	orida street address)
New Registered Office Address:	ke Ave. Lakoland Florida 33801
New Negisierea Office Audress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	1 Agent:
Thereby decept the appointment as registered agents. I dispe	
- The	2 July
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.

Example: X Change	<u>PT</u> <u>J</u>	John Doe	
X Remove	<u>v</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P,D	Masse, Jarrid	729 E. palmetto st.
Add _XRemove			Lakeland. fl. 33801
2) × Change	TD	wilson, Robyn	729 G. Palmetto st.
Add Remove			Lakeland, fl. 33801
3) Change	T, <u>P, D</u>	WILSON. Robyn	729 E. palmetto st.
X Add Remove			Lakeland, fl. 35801
4) Change		·	
Add Remove		•	
5) Change			
Add Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not annlicable indicate N/A)	
(if not applicable, indicate N/A)	
(у пот аррисаоте, такие гум)	
(у пот аррисаоте, таксате МА)	· · · · · · · · · · · · · · · · · · ·
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(у пот аррисаоле, такае (УА)	
(у пот аррисаоте, такае гум)	
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(у пот аррисаоте, такие гля)	
(у пот аррисаоте, такие гум)	·
(у пог аррисаоте, такае гога)	

The date of each amendment(s) adoption: _	september 1, 2016	, if other than the
date this document was signed.		1.144
Effective date <u>if applicable</u> :		JOUNT TARY OF LORDURATE H
	(no more than 90 days after amendment file date)	2016 SEP 30 PM 1: 00
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amen r approval.	idment(s)
	the shareholders through voting groups. The following ng group entitled to vote separately on the amendment	
"The number of votes cast for the arr	nendment(s) was/were sufficient for approval	
by	voting group)	
(1	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareho	older
Dated Sept . 27.	2016	
Danca	$\overline{}$	
Signature	ho =	
	resident or other officer - if directors or officers have n	
	ncorporator – if in the hands of a receiver, trustee, or ot ary by that fiduciary)	her court
appointed riduely		
	Robyn wilson	
	(Typed or printed name of person signing)	
_	President, Treasurer, Direc	ctor
	(Title of person signing)	