

P110000087901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

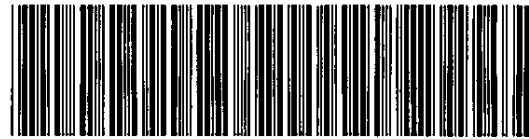
(Business Entity Name)

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14 MAY 20 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
JUN 3 2014  
EXAMINER

BRILEY & DEAL, LLC

ATTORNEYS AT LAW

2215 S. Third Street, Suite 101  
Jacksonville Beach, FL 32250

TELEPHONE: (904) 285-5299  
FACSIMILE: (904) 285-1640  
INTERNET: [www.jaxrelaw.com](http://www.jaxrelaw.com)

May 15, 2014

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Articles of Amendment of Articles of Incorporation of Ebaketones, Inc,

Dear Sir/Madam:

Enclosed please find the original and one copy of the cover letter and Articles of Amendment of Articles of Incorporation for Ebaketones, Inc., along with our firm check in the amount of \$35.00. Please file the original Articles and returned the "clocked in" copy to our offices in the self-addressed, stamped envelope enclosed herewith.

If you require anything further, please contact our offices.

Sincerely,



D. Randall Briley

DRB/bjl  
Enclosure

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** EBAKETONES, INC.

**DOCUMENT NUMBER:** P11000087901

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

Please return all correspondence concerning this matter to the following:

D. Randall Briley, Esq.

Name of Contact Person

Briley & Deal, LLC

Firm/ Company

2215 South Third Street, Ste. 101

Address

Jacksonville Beach, FL 32250

City/ State and Zip Code

rbriley@jaxrelaw.com

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

For further information concerning this matter, please call:

D. Randall Briley at ( 904 ) 285-5299

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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

APPROVED  
AND  
FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

14 MAY 20 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EBAKETONES, INC.**

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

**P11000087901**

(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

**2215 South Third Street, Ste. 101**

(Florida street address)

New Registered Office Address:

**Jacksonville Beach**

(City)

, Florida

**32250**

(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, 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                      PT      John Doe

X Remove                     V       Mike Jones

X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Evan Baker</u>	<u>1252 Deer Creek Way</u>
<input type="checkbox"/> Add			<u>Ponte Vedra Beach, FL</u>
<input type="checkbox"/> Remove			<u>32082</u>
2) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Evan Baker</u>	<u>3787 Palm Valley Road</u>
<input type="checkbox"/> Add			<u>Ste 102-130</u>
<input type="checkbox"/> Remove			<u>Ponte Vedra Beach, FL</u>
3) <input type="checkbox"/> Change			<u>32082</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**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)

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APPROVED  
AND  
FILED

14 MAY 20 PM 2: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 5/14/14

Signature EAB

(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)

Evan Baker

(Typed or printed name of person signing)

Director

(Title of person signing)