P11000087996

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SECRETARY OF STATE
ALLAHASSEE, FLORIO



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CRAVE MARI	KET & WICKED SANDWICH CO., INC
DOCUMENT NUMBER: P11000087990	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
SEAN GAVIN	
	Name of Contact Person
CRAVE MARKET & V	VICKED SANDWICH CO.
	Firm/ Company
9814 GLADIOLUS BL	LUB LOOP
	Address
FORT MYERS, FL 33	3908
.*	City/ State and Zip Code
CRAVE@EMBRAQMAIL.0	COM
	used for future annual report notification)
	Artist in the W
For further information concerning this matter, plea	ase call:
SEAN GAVIN	_{at (} 239) 699-6659
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	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee
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

Articles of Amendment to Articles of Incorporation of

Crave Market & Wicked Sandwich	Co., Inc		
(Name of Corporation as cur	rently filed with the Florida Dept. of Stat	te)	
P11000087990			•
(Document No	umber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment((s) t
A. If amending name, enter the new name	of the corporation:		
Crave Market & Wicked Sandwich	Co.	The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co". A professione	"incorporated" or the abbreviation al corporation name must contain the	
B. Enter new principal office address, if an (Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	le: FICE BOX)		
D. If amending the registered agent and/or		er the name of the	
new registered agent and/or the new re-	eisteren omice andress:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	•	. Florida	
MET RESIDENCE A Office Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as registered		obligations of the position.	
Signati	ure of New Registered Agent, if changing	12 OCT 2 SEGRETAI ALLAHAS	_

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	eding or adding additional sheets, if nec			here:
Article I,	We are dropping	the Inc form th	ne name.	New name shall read as follows:
CRAVE	MARKET & WICK	ED SANDWIC	H CO.	
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		•		
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····				
			 -	
provis	mendment provides for tions for implementing I not applicable, indicat	the amendment if	lassification (not contain	or cancellation of issued shares, and in the amendment itself:
				· · · · · · · · · · · · · · · · · · ·
· -			•••	
				
	.			
				<u> </u>

	The date of each amendment(s) adoption: October 1, 2012	
	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 same of the	☐ 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	
	by	
	☐ 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	
	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)	
	Sean Gavin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_
	•	

35.

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