## P11000107837

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BELLA'S BOOCUMENT NUMBER: P1100010783	OUNCIES, INC.	
DOCUMENT NUMBER: 1 1 1000 107 03	<u> </u>	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
JOHNNY BRYAN	Т	
	Name of Contact Persor	1
BELLA'S BOUNC	IES, INC.	
-	Firm/ Company	·
1812 ACME ST		
	Address	
ORLANDO, FL 32	2805	
	City/ State and Zip Code	
J.A.BRYANT@HOTN	//AIL.COM	
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
JOHNNY BRYANT	at (407	758-6107 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

BELLA'S BOUNICES, INC	
(Name of Corporation as currently filed with the FP11000107837	lorida Dept. of State)
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1812 ACME ST
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO, FL 32805
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1812 ACME ST
(Mutting address MAT BE A FOST OFFICE BOA)	ORLANDO, FL 32805
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>!</u>
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	with and accept the obligations of the position.
	89 7 T
Signature of New Registered	
	Same on 1
	E PLOS STATES
	<b>海上 グ</b>
Page 1	of 4 SP SP

The date of each amendment	t(s) adoption: 11/5/2012
Effective date <u>if applicable</u> :	11/5/2012
enective date <u>in applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	11/9/12
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)
	JOHNNY BRYANT
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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