| (Requestor's Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2013

LORING HART-WOODS 14589 SOUTHERN BLVD. LOXAHATCHEE, FL 33470 US

SUBJECT: THE BRITISH FEED COMPANY INC.

Ref. Number: P12000006835

We have received your document for THE BRITISH FEED COMPANY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 513A00016540

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

| | The British | | Inc. | |
|--|---|---|--|--|
| DOCUMENT NUMBE | _{R:} P1200000683 | 5 | | |
| | Amendment and fee are su | | | |
| Please return all corresp | ondence concerning this mat | tter to the following: | | |
| Ĺ | oring Hart-Wood | is . | | |
| <u> </u> | <u> </u> | Name of Contact Persor | 1 | |
| - | | Firm/ Company | | |
| _1 | 4589 Southern I | Blvd. | | |
| | | Address | | |
| <u>L</u> | oxahatchee, FL | | | |
| | | City/ State and Zip Code | | |
| info(| @thebritishfeedc | • | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | concerning this matter, pleas | se call: | | |
| Loring Hart-W | oods | at (561 | , 633-6003 | |
| Name of | Contact Person | | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | urtment 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 | | |

Articles of Amendment Articles of Incorporation

FILED

The British Feed Company Inc.

13 JUL 15 AM 8: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P12000006835

(Document Number of Corporation (if known)

ent(s) to

| The | | |
|--|--|--|
| n," "company," or "incorporated" or the abbre [Co". A professional corporation name must conta P.A." | | |
| 14589 Southern Blvd. | | |
| Loxahatchee, FL 33470 | | |
| 14589 Southern Blvd. | | |
| Loxahatchee, FL 33470 | | |
| ress in Florida, enter the name of the | | |
| reet address) | | |
| , Florida | | |
| (Zip Code) | | |
| | | |

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)

۲.

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 Do | <u>e</u> | | | |
|-------------------------------|--------------|-------------|-------------|--|------------|---------|
| X Remove | <u>v</u> | Mike Jones | | | | |
| X Add | <u>sv</u> | Sally Sm | <u>nith</u> | | | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | | | Address |
| 1) Change | | | NA | | . . | |
| Add | | | | | | |
| Remove | | | | | | |
| 2) Change | | | | | <u>.</u> . | |
| Add | | | | | | |
| Remove | | | | | | |
| 3) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4)Change | | ···· | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| | | | | | - | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | <u></u> | | | - | |
| Add | | | | | | |
| Remove | | | | | | |

| E. If amending or adding additional Articles, enter change(s) here: | | | | |
|---|---|--|--|--|
| (Attach additional sheets, if necessary). | i. (Be specific) | | | |
| NA · | | | | |
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| F. If an amendment provides for an ex- | change, reclassification, or cancellation of issued shares, | | | |
| provisions for implementing the am | nendment if not contained in the amendment itself: | | | |
| (if not applicable, indicate N/A) | | | | |
| NA | | | | |
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| The date of each amendment(s) ac | loption: 0/20/13 | FHER |
|--|---|--|
| Effective date if applicable: | | TALED 13 JUL 15 AM 8: 30 |
| | (no more than 90 days after | r amendment file date) JUL 15 AM 8: 20 |
| Adoption of Amendment(s) | (CHECK ONE) | SECRETARY OF STATE FLORIDA |
| ☐ The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of fficient for approval. | votes cast for the amendment(s) |
| | proved by the shareholders through voting each voting group entitled to vote separa | |
| "The number of votes cast | for the amendment(s) was/were sufficient | for approval |
| by | (voting group) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (voting group) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the board of directors without sha | areholder action and shareholder |
| The amendment(s) was/were add action was not required. | opted by the incorporators without shareho | older action and shareholder |
| _{Dated} 6/26/1 | 3 | |
| Dated | | |
| Signature | | |
| (By a d | rector, president or other officer - if dire | |
| | d, by an incorporator – if in the hands of a | a receiver, trustee, or other court |
| арроіп | ted fiduciary by that fiduciary) | |
| | Loring Hart-Woods | |
| | (Typed or printed name of per | rson signing) |
| | VP | |
| | (Title of person signing) | |
| | DIAMANA 18 | 35 |