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SECRETARY OF STATE
SHORT OF CERPORATIONS
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## **COVER LETTER**

Division of Corporations DISCOUNT-BUNS-N-AMNO, INC NAME OF CORPORATION: P/200006/632 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person D GN AT Firm/Company 8781 SW 49 Street
Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

**Mailing Address** 

TO: Amendment Section

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

Alson the Com	) AMUO KNO	14 NOV 12 PH 12: 12
(Name of Corporation as currently filed with the F		
P1200000163:	<del></del>	
(Document Number of Corporation (		<del> </del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ado	pts 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 corporati "P.A."	on name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	10665 SW MIDNI, FL	190 Street #3714
	33157	<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AS AL	Boe
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		of the
Name of New Registered Agent JAUA DU	<del>Y</del>	4
(1 tortuu su	190 Street #	32/4
New Registered Office Address: (City,	, Florida )	33/3-/- (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		of the position.
Signature of New Registered		
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 Johi	<u>1 Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	8/5	S.E. CALLERON	11980 SW 8 St
Add	,		11980 SW 8 Sto MIRMI , FL 33184
Remove			
2) Change	P/D_	unter Robson	10655 S.W. 190 St #425
X Add		•	Catter BAX, FL
Remove			33157
3) Change			
Add			- <del></del>
Remove			
4) Change	<del> </del>		
Add Add			
Remove			
5) Change			
Add			
Remove			
			<del></del>
6) Change			
Add			
Remove			

Attach a	ndditional shec	ts, if necessary	). (Be specif	change(s) here:			
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			······································	- <del></del>	,		
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provisi	nendment pro ions for imple not applicable	menting the ai	mendment if n	ssification, or o	cancellation of the amendme	issued shares, nt itself:	
			· · · · · · · · · · · · · · · · · · ·	/- <del>/</del> -			
						· · · · ·	

The date of each amendment(s) adoption: date this document was signed.	SLORETARY  - SIVISION OF C	CO COF STATE URPORATIONS	, if other than the
Effective date if applicable:	14 NOV 12	图12:12	
(no more than 90 days afte	r amendment file date)	•	
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes east for the amen-	dment(s)	
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately			
"The number of votes cast for the amendment(s) was/were sufficient	t for approval		
by			
(voting group)			
The amendment(s) was/were adopted by the board of directors without sh action was not required.	areholder action and sha	areholder	
The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareho	older	
Dated			
Signature WET Resource	٥		
(By a director, president or other officer — if director, by an incorporator — if in the hands of appointed fiduciary by that fiduciary)			
(Typed or printed name	Response of person signing)		
PRESIDENT (Title of person	- acimina)		
(Title of perso	on signing)		