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EP 14 2017

Account Number : I20060000141

Phone

: (561)929-6899

R. WHITE

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COVER LETTER

TO: Amendment Section
Division of Corporations

or corporations	 	
NAME OF CORPORATION: THE BEST	CATERING AND EVENTS	CORP
DOCUMENT NUMBER: P12000032362		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	 his matter to the following: 	
ANIBAL QUINTAO		
	Name of Contact Pe	son
EXPRESS ACCOUNT	ING INCOME TAX SERVICE	Æ CORP
	Firm/ Company	
3927 N FEDERAL HV	h h	
	Address	
POMPANO BEACH, I	FL 33064	
	City/ State and Zip C	ode
eaclients@gmail.com		
	be used for future annual rep	not matification)
2 224 334 (1	l co asset for future annual rep	or nouncation)
For further information concerning this matter	plcase call:	
ANIBAL QUINTAO	954	. 788-7400
Name of Contact Person	at (954) <u></u>
		Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:
\$35 Filing Fee S43.75 Filing Fe Certificate of Sta		☐\$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	Ame Divi Clift	et Address indiment Section sion of Corporations on Building Executive Center Circle

HITE 242 002 3

Articles of Amendment

17 SEP 13 AH 7: 59

Articles of Incorporation SECRETARY OF CHISTER OF THE AHASSE FROM THE

THE BEST CATERING AND EVENTS	CORP	Assessing of Literature
(Name o	f Corporation as currently file	with the Florida Dept. of State)
P12000032362		
	(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	as Profit Corporation adopts the following amendment(s)
A. Mamending name, enter the new na	me of the corporation;	
	<u> </u>	The new
name muss be distinguishable and cont "Corp.," "Inc.," or Co.," or the designation of the designation of the designation of the contract of t	ation "Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address.	f applicable:	
(Principal office address <u>MUST BR.A.S.</u>	REET ADDRESS)	
	_	
	⊢	
C. Enter new mailing address, if applic		
(Mailing address <u>MAX BE A POST (</u>	<u> </u>	
	<u></u>	
	₩ -	
D. If amending the registered agent and new registered agent and/or the new	Nor registered office address to	Florida, enter the name of the
	GIZELY ROBERT FERREIRA	
Name of New Registered Agent	11	<u></u>
	10340 CORTSIDE LANE APT	
	(Florida street ada	i -
New Registered Office Address:	BOCA RATON	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if ch	anging Registered Agent:	
I hereby accept the appointment as registe	rangent. Som Jamiliar with at	accept the obligations of the position.
		/_
	gnature of New Registe	red igent, if changing
	Page 1 of 4	

#170002420023

Il amending the Officers	and/or	Directors,	enter the title and name of	each officer/c	lirector being removed and title, name, and
address of each Officer	end/or D	trector bei	iig added:	i	,
(Attach additional sheets,	if necess	ary)	<u> </u>		
Please note the officer/dir	ector titl	e by the firs	l letter of the office title:		
$P \sim President; V = Vice 1$	President	; T= Treas	urer; S= Secretary; D= Dire	ctor; TR= Tr	ustee; C = Chairman or Clerk; CEO = Chief
Executive Officer, CPO :	= Chief I	'inancial O	fficer. If an officer/director	holds more th	an one title, list the first letter of each office
held. President, Treasure	r, Directo	r would be	PTD.		and and those that the just tener by each byfice
Changes should be noted	in the for	lowing mai	mer. Currently John Doe is	listed as the P	ST and Mike Jones is listed as the V. There is
a change. Mike Jones lea	ver the c	proporation	Sally Smith is named the V	nd S. Those e	hould be noted as John Doe, PT as a Change,
Mike Jones, V as Remove,	and Sal	by Smith St	lar an Add	mu u. Trese si	dount de notes as John Doe, P1 as a Change,
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Z Kemove	<u> </u>	Mike Jone	24 Î		
X Add	C37	Calb. Sani	1		
	<u>\$V</u>	Sally Smit	<u>rr</u>		
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Type of Action	<u>Tit[c</u>	4	<u>ame</u>	ŀ	<u>Addres</u> s
(Check One)					
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l) Change		_ <u>[</u>			
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Page 2 of 4

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The date of each amendment(s) adoptions date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block do- document's effective date on the Departmen	a not meet the applicable state t of State's records.	story filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient if	the shareholders. The number of arrapproval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by must be separately provided for each voi	y the shareholders through votin ting group entitled to vote sepai	g groups. The following statement ately on the amendment(s):
'The number of votes cast for the a	 mendment(s) was/were sufficies 	k for approval
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without al	sarcholder action and sharcholder
The amendment(s) was/were adopted by action was not required. 09/06/2017	the incorporators without shareh	older action and shareholder
Dated		
Signature		<u> </u>
(By director, p selected, by an i	resident or other officer — if din neorporator — if in the hands of	ctors or officers have not been a receiver, trustee, or other court
appointed fiduci	ary by that fiduciary)	- restrat, author, or card court
ROBSO	N COSTA MOURA	
	(Typed or printed name of pe	rson signing)
PRESID	ENT	
	(Title of person a	igning)
	Page 4 of 4	