(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer	
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Office Use Only

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: FRIGA TYME COLP					
DOCUMENT NUMBER: P 120000 68509	<del></del>				
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  FRILA TYME CORP  Firm/ Company					
Manie of Confact Person					
tribA TYME CORP					
Firm/ Company					
16391 SLATER RD Address					
Address	<del></del>				
NFT MYELS F1 335/7 City/ State and Zip Code					
City/ State and Zip Code					
FRIGATYME DYAHOO. Lom E-mail address: (to be used for future annual report notification)	<del></del>				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Scott Frica at (235) 839-951.  Name of Contact Person Area Code & Daytime Telephone	3				
Name of Contact Person Area Code & Daytime Telephone	e Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Stiling Fee Scertificate of Status St					
Mailing Address Street Address					
Amendment Section Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
i unanassos, i is sesti					

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2012

SCOTT FEIGA FRIGA TYME CORP 16391 SLATER RD NFT MYERS, FL 33917

SUBJECT: FRIGA TYME CORP Ref. Number: P12000068509

We have received your document for FRIGA TYME CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 612A00025735

RECEIVED 12 0CT 30 AN 8: 17 9戦 音楽 変異なる問題

## Articles of Amendment to Articles of Incorporation of

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Eau	THE UCT 30 TO STATE OF THE STAT
FRIGHTYME CORP	Florida Dept. of State)
(Name of Corporation as currently filed with the	Florida Dept. of State)
P120000 68509	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
its Articles of incorporation.	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or	"Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation	1 "P.A."
D. Francisco de Control de Contro	4 6
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(1 morph office and cos more particular reportation)	
	***************************************
C. Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	
•	
	<del></del>
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>288:</u>
Name of New Registered Agent	
	-
(rioriaa .	street address)
New Registered Office Address:	, Florida
(Cii	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
14/4	
Signature of New Registered	d 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$ .

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	5	Donald KANE	2434 NE 414 TELL
Add		•	CAPE CONA ( FI 33517
Remove		·	·
. Change			- 14 1 -
Add			
Remove			
3) Change			
Add			
Remove			
4), Change			<del></del>
Add			<b>2</b>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	ending or adding additional Articles, enter change(s) here:  an additional sheets, if necessary). (Be specific)
	I/A
····	
·	
Ifan	amendment provides for an evaluation realisation, or concellation of issued shares
prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
(	if not applicable, indicate N/A)
	10/2
-	
·	
<del></del>	

The date of each amendment(s) adoption:
Effective date if applicable: /9/14/17
Effective date if applicable: [0] 14/17_  (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 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 Scottfalled
(voting group)
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 16 12 17
Signature Signature
(Dy 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)
Scottfella
(Typed or printed name of person signing)
PRES
(Title of person signing)