## P12000071757

| (Re                      | questor's Name)   |           |  |  |  |
|--------------------------|-------------------|-----------|--|--|--|
| (Ad                      | dress)            |           |  |  |  |
| (Ad                      | dress)            |           |  |  |  |
| (City/State/Zip/Phone #) |                   |           |  |  |  |
| PICK-UP                  | WAIT              | MAIL      |  |  |  |
| (Bu                      | siness Entity Nan | ne)       |  |  |  |
| (Do                      | ocument Number)   |           |  |  |  |
| Certified Copies         | _ Certificates    | of Status |  |  |  |
| Special Instructions to  | Filing Officer:   |           |  |  |  |
|                          |                   |           |  |  |  |
|                          |                   |           |  |  |  |
|                          |                   |           |  |  |  |

Office Use Only



500269034715

02/09/15--01023--023 \*\*35.00

DIVISION OF CORPORATION

212/5

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| Division of Corporations  |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| NAME OF CORPORATION: Your My Lobster, Inc.  |  |   |  |  |  |  |
| DOCUMENT NUMBER: P12000071757   |  |   |  |  |  |  |
| The enclosed Articles   | The enclosed Articles of Amendment and fee are submitted for filing. |   |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                     |  |   |  |  |  |  |
| Brenda Chambers   |  |   |  |  |  |  |
|   | Dicha Onami  |   |  |  |  |  |
|   | Name of Contact Person Total Business Solutions-Bookkeeping Division |   |  |  |  |  |
|   |  | Firm/ Company   |  |  |  |  |
| 603 N. Ferdon Blvd.   |  |   |  |  |  |  |
|   | Address  |   |  |  |  |  |
|   | Crestview, FL 32536  |   |  |  |  |  |
|   |  | City/ State and Zip Code  |  |  |  |  |
| bre   | enda@tbscrest\   | view.com  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)                            |  |   |  |  |  |  |
|   |  |   |  |  |  |  |
| For further information concerning this matter, please call:                                  |  |   |  |  |  |  |
| Brenda Chambers <u>at (850</u> ) 423-1099   |  |   |  |  |  |  |
| Name o  | of Contact Person  |   | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |  |   |  |  |  |  |
| ■ \$35 Filing Fee   | □\$43.75 Filing Fee & Certificate of Status                          | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address   |  | Street Address  |  |  |  |  |
| Amendment Section   |  | Amendment Section   |  |  |  |  |
|   | sion of Corporations  Box 6327                                       | Division of Corporations Clifton Building                                   |  |  |  |  |
| Tallahassee, FL 32314 Chiton Building  2661 Executive Center Circle                           |  |   |  |  |  |  |
| Tallahassee, FL 32301   |  |   |  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Your My Lobster, Inc.

15 FEB -9 PM 1: 07

| (Name of Corporation as currently filed with the Florida Dept. of State)   |
|--|
| P12000071757   |
| (Document Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:  |
| A. If amending name, enter the new name of the corporation:  |
| You're My Lobster, Inc.  |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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 "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |
|  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |
|  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  |
| Name of New Registered Agent   |
| (Florida street address)   |
|  |
| New <u>Registered Office Address</u> :, Florida  |
|  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |
| 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          | <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> | <u>Name</u> | <u>Addres</u> s |  |  |  |  |
| 1) Change                  |              | _           |                 |  |  |  |  |
| Add                        |              |             |                 |  |  |  |  |
| Remove                     |              |             |                 |  |  |  |  |
| 2) Change                  |              |             |                 |  |  |  |  |
| Add                        |              |             |                 |  |  |  |  |
| Remove                     |              |             |                 |  |  |  |  |
| 3) Change                  |              |             |                 |  |  |  |  |
| Add                        |              |             |                 |  |  |  |  |
| Remove                     |              |             |                 |  |  |  |  |
| 4) Change                  |              |             |                 |  |  |  |  |
| Add                        |              |             |                 |  |  |  |  |
| Remove                     |              |             |                 |  |  |  |  |
| 5) Change                  |              |             |                 |  |  |  |  |
| Add                        |              |             |                 |  |  |  |  |
| Remove                     |              |             |                 |  |  |  |  |
| 6) Change                  |              |             |                 |  |  |  |  |
| Add                        |              |             |                 |  |  |  |  |
| Remove                     |              |             |                 |  |  |  |  |

|                    | ,                 |               |                |                |                |      |
|--------------------|-------------------|---------------|----------------|----------------|----------------|------|
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                | <u>-</u>       |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
| an amendment pro   | ovides for an exc | hange, reclas | sification, or | · cancellation | of issued shar | res, |
| (if not applicable |                   | endment ii ii | . comunica     | m the united   | nent itsem     |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                | · · ·          |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   |               |                |                |                |      |
|                    |                   | <del></del>   |                |                |                |      |

| The date of each amendment(s) adoption: Fenruary 05, 2015 date this document was signed.  Effective date if applicable:                               | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  15 FEB -9 PM 1: 07 | , if other than the |
|---|---|---------------------|
| (no more than 90 days a)  | tier amendment file date)   | _                   |
| Adoption of Amendment(s) (CHECK ONE)  |   |                     |
| The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.                               | of votes cast for the amendment(s)                                    |                     |
| The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately     |   |                     |
| "The number of votes cast for the amendment(s) was/were sufficient  | ent for approval  |                     |
| by  |   |                     |
| (voting group)  |   |                     |
| The amendment(s) was/were adopted by the board of directors without action was not required.  | shareholder action and shareholder                                    |                     |
| The amendment(s) was/were adopted by the incorporators without share action was not required.   | sholder action and shareholder  |                     |
| Dated February 05, 2015   |   |                     |
| Signature Polleda & Chambers  | )   | <del></del>         |
| (By a director, president or other officer – if described in selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary) |   |                     |
| Brenda A. Chambers  |   |                     |
| (Typed or printed na  | nme of person signing)  | <del></del>         |
| President   |   |                     |
| (Title of per   | rson signing)   |                     |