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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: MAPLE	STREET Biscuit COMPANY 74615
DOCUMENT NUMBER: 7 120000	746 15
The enclosed Articles of Amendment and fee are sub-	
Please return all correspondence concerning this matter	<u> </u>
Scott P.	Moore
Maple STR.	Name of Contact Person eet Bis Cuit Company Firm/ Company Rousevelt BIVD. Box 329 Address
4495 - 364	ROUSEVELT BIVD. BOX 329
_	Address
JACKSON Y'll	e FLORÍ dA 32216 City/ State and Zip Code
	City/ State and Zip Code
Soft Moures	230 amail. (om d for future annual report notification)
E-mail address: (to be use	d for future annual report notification)
,	• ,
For further information concerning this matter, please	call:
•	
Scott P. MOORE	at (904) 307 - 1001 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Maple street Biscult	COMPANY	
(Name of Corporation as currently filed with the I		
P 1200/00	74615	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
MADLE STORET BISCUIT A	DOLOANY TNC.	The man
MAPLE STREET BISCuit & name must be distinguishable and contain the word "corporation"	on," "company," or "incorporated" or the	ne new abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mus	t contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		_
		_
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 10 St
		_ 2 35
		6 g
		- PA
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		E OCT 10 PH 3: 44
	<u></u>	三
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
(r ionaa si	reet address)	
New Registered Office Address: (City,	, Florida // Zip Code)	_
(Chy)	(Lip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position	1.
	•	
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 Do	<u>oe</u>		
X Remove	<u>y</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		-	-
Add					
Remove			•		
2) Change				-	
Add					
Remove				,	
3) Change		_		-	
Add					· .
Remove				•	
4) Change		_		_	
Add					
Remove					
5) Change					
Add-					
Remove					
			•		
6) Change				-	· · · · · · · · · · · · · · · · · · ·
Add					
Remove					

. If amending or adding a (Attach additional sheets,	if nacassami)	(Ra enacific)				
THE CORPO	(INC.)	WAS	Left	Out	OF	THE
PORPO	RAtion	NAME	•		.	·
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. If an amendment provide						es.
provisions for impleme (if not applicable, it		ment if not co	ntained in the	amendment	itself:	
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<u>. </u>						
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The date of each amendment(s) adoption: 10/6/20/2 Effective date if applicable: 10/6/20/2
Effective date if applicable: 10/6/20/2
Effective date if applicable: 10/6/2012 (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"
(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 10/4/26/2 Signature 044 0 000/
(By a firector, 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)
Scott P. Moore (Typed or printed name of person signing)
(Typed or printed name of person signing)
Paesident
(Title of person signing)