P12000077944

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TO: Amendment Section

Division of Corporations

NAME OF CODD	ORATION: Chick Magnet 69,	Inc.	
	1BER: P1200077944		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Charles H. Cohen		
		Name of Contact Person	n
	Chick Magnet 69, Inc.		
		Firm/ Company	
	4300 N. University Drive, St	iite B-200	
		Address	
	Sunrise, FL 33351		
		City/ State and Zip Cod	e
-1			
cna ——	rlescohenlaw@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Charles H. Cohen		at (954	749-3330
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Division of Corporations		Amend	Address Iment Section on of Corporations
P.0	D. Box 6327	Clifton	Building
Та	llahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently f	iled with the Florida Dept.	of State)	
P12000077944			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation ad	opts the followi	ng amendment(
A. If amending name, enter the new name of the corporation:			
Chick Magnet, Inc.			The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc" or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	". A professional corporal	cated" or the diction name must	abbreviation
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			<u>_</u> _
	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>	<u> </u>	
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: 	s in Florida, enter the name	e of the	15 JUN
Name of New Registered Agent			- 3 S
(Florida street	address)		- '' ''i
			<u>:</u> 9
New Registered Office Address:		Florida	

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			· · · · · · · · · · · · · · · · · · ·	55	TALL
Remove				JUN -3	CRETA
4) Change		_		-3 PH	TARY OF ASSEF, F
Add				1 2: 12	FI S1
Remove				12	ATE
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

The date of each amendment(s) addate this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	- 70
·	pted by the incorporators without shareholder action and shareholder	SECRETAR ALLAPASS 5 JUN -3
6/2/15 Dated	The boundary	PM PM
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	STATE LORIDA 2: 12
	Charles H. Cohen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	