P12000090416

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(Address)			
(Address)			
(City/State/Zip/Pho	one #)		
PICK-UP WAIT	MAIL		
(Business Entity N	ame)		
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C LEWIS

COVER LETTER

TO: Amendment Section

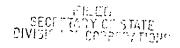
Division of Corporation	ons			
NAME OF CORPORATI	ION: Addis	on James	Foods Inc	
DOCUMENT NUMBER:			<u> </u>	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspond	dence concerning this ma	tter to the following:		
	equesta,	Name of Contact Person Name of Contact Person Mas Foods Firm/ Company Cheek Dri Address FL 33449 City/ State and Zip Cod 22010 40 240 250 41 640 250 40 25	ve	
For further information con	cerning this matter, pleas	se call:		
Colleen 1	Bedard	at (So)	719-6600	
Name of Co	ntact Person	Area Co	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 P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



16 HAY -6 PM 2: 29

(Name of Corporation as currently filed with the Florida Dept. of State)					
P12000090416 Addis	son James Foods, Inc.				
(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
	The new				
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the				
B. Enter new principal office address, if applicable:	53 Turtle Creek Drive				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Tequesta, FL 33469				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 53 Turte Creek Drive					
(Tequesta, FL 33469				
D. If amending the registered agent and/or registered office addre	ss in Florids, enter the name of the				
new registered agent and/or the new registered office address:					
Manie di Men Mendielea Archi	Bedard				
53 Turtle	e Creek Drive				
(Florida stree	et address)				
New Registered Office Address: Trace (City), Florida 334(c)				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.				
Clair IL	Belal				
Signature of New Re	gistered 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	PT John D	<u>oe</u>	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	S <u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	₹ S	Roger D Yespy	4859 Blue Pine Circle Lakeworth, FL 33463
Add		,	Lake Worth, FL 33463
Remove			
2) Change Add	<u>P</u>	Alain JL Bedard	53 Turtle Creek Drive Tequesta, FL 33469
Remove 3) Change Add	<u>vp</u>	Colleen Bedard	53 Tutle Creek Drive Tequesta, Fl 33469
Remove			
4) Change Add			
Remove			
S)Change			
Add			
Remove			-
6) Change			
Add			
Pamova			

ttach additional sl	ling additional Ar heets, if necessary).	. (Be specific)				
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		- · · · · · · · · · · · · · · · · · · ·				
<u>provisions for imp</u>	rovides for an exc elementing the am ble, indicate N/A)	change, reclassi endment if not	fication, or can contained in th	cellation of issue e amendment its	ed shares, self:	
				_		
		·				

The date of each amendment(s) adoption:	Pecember 14	, 2013	if other than the
date this document was signed.			SECT TARY 1 51 16 1 2 10 10 10 10 10 10 10 10 10 10 10 10 10
Effective date if applicable:			mater Copbur, selle
	(no more than 90 days after am	endment file date)	16 MAY -6 PM 2: 29
Note: If the date inserted in this block does document's effective date on the Department of		iling requirements, th	is date will not be listed as the
Adoption of Amendment(s)	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		es cast for the amendm	ient(s)
The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	endment(s) was/were sufficient for	approval	
by		***	
(ve	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareho	older action and share	roldeт
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder	action and shareholde	#
Dated 4 29	ho16		
(By a director, pre	sident or other officer - if directors		
	corporator — if in the hands of a recory by that fiduciary)	erver, trustee, or other	сонт
	(Typed or printed name of person	signing)	
	President		
	(Title of person signing	z)	