P120000/00951

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(6)	100-1-7:-/D	46
(Cr	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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14 SEP -3 PH 1:55

SEP 1 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Liberty Bakery, Inc.			
DOCUMENT NUMBER:	712000100051			
The enclosed Articles of Amend	nent and fee are submitted for filing.			
Please return all correspondence	concerning this matter to the following:			
Carol	A. Kernan			
	Name of Contact Person			
Liberty Bakery, Inc.				
	Firm/ Company			
3750 Silver Bluff Road				
Address				
Orang	Orange Park, Florida 32065			
	City/ State and Zip Code			
Caker E-ma	and a least to be used for future annual report notification) ag this matter, please call:			
Carol A. Kernan at (904) 800-10801				
Name of Contact				
Enclosed is a check for the follow	ving amount made payable to the Florida Department of State:			
,	.75 Filing Fee &			
Mailing Addr Amendment S Division of Co P.O. Box 6327	ction Amendment Section porations Division of Corporations Clifton Building			
Tallahassee, F	. 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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F. F.)
14 SEP -3	PH	1:50
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(Name of Corporation as currently	•	INC.		FM 1 - C
(Name of Corporation as currently	filed with the Florid	a Dept. of State)	1	PH 1:5
D	12000100051		THE PARTY OF THE P	
	12000100951		24x45 7 54x	
(Document Number	of Corporation (if kno	wn)		ئىبلا. د. ب
uant to the provisions of section 607.1006, Flor rticles of Incorporation:	ida Statutes, this <i>Flor</i>	ida Profit Corporatio	on adopts the following	amendmen
f amending name, enter the new name of the	corporation:			
				The new
e must be distinguishable and contain the wrp.," "Inc.," or $Co.$," or the designation "Cod" chartered," "professional a ssociation," or the	rp," "Inc," or "Co"	A professional con	corporated" or the ab- reporation name must co	breviation ontain the
Enter new principal office address, if applicable:		6661 Bowden Ro	pad	
incipal office address <u>MUST BE A STREET Al</u>	<u>DDRESS</u>) _	Jacksonville,	Florida 32216	
	_			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE E	<i>BOX</i>) _			
	_			
	~			
f amending the registered agent and/or regis		n Florida, enter the	name of the	
new registered agent and/or the new registered	onice address:		·	
Name of New Registered Agent Carol	A. Kernan			
3750	Silver Bluff R	and		
3730	(Florida street a	 		
	e Park	~~· ~~·	32065	
Orange		****		
Orang New Registered Office Address:	(City)	, Flo	rida (Zip Code)	

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFC held. President, Treasu Changes should be not	er and/or Directeds, if necessary) idirector title by the President; T= O = Chief Finanter, Director worded in the following leaves the corporove, and Sally Sm	or being added: the first letter of the office title: Treasurer; S= Secretary; D= Director; cial Officer. If an officer/director holds uld be PTD. ng manner. Currently John Doe is listed vation, Sally Smith is named the V and S.	TR= Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office it as the PST and Mike Jones is listed as the V. There is it These should be noted as John Doe, PT as a Change,
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D P T S	Grace Kernan	3750 Silver Bluff Road
Add X Remove			Orange Park, Florida 32065
2) Change	D VP S	Robert F. Kernan	3750 Silver Bluff Road
X Add Remove			Orange Park, Florida 32065
3) Change	D P T	Carol A. Kernan	3750 Silver Bluff Road
X Add Remove			Orange Park, Florida 32065
4) Change		***************************************	
Add Remove			
5) Change			
Remove			
6) Change			

Remove

If amending or adding additional Arti Attach additional sheets, if necessary).	
	·
If an amendment provides for an exchaprovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
The number of shares the Co	erporation is authorized to issue is 100
shares at 1.00 par value.	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (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)	
(voling 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 $7-23-2019$	
Signature / / / / / / / / / / / / / / / / / / /	
By 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)	
Carol A. Kernan	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	