P1300051355

(F	Requestor's Name)	
(A	ddress)	
A)	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(É	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of S	Status
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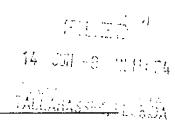
COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: YOGABAR CO			
DOCUMENT NUMBER: P13000051355			
The enclosed Articles of Amendment and fee are submitted for filing.			
The enclosed Articles of Amenument and fee are subtilitied for filling.			
Please return all correspondence concerning this matter to the following:			
KELLY FROTTEN			
Name of Contact Person			
YOGABAR CO			
Firm/ Company			
6061 ALDERFER SPRINGS DRIVE			
Address			
JACKSONVILLE, FLORIDA 32258			
City/ State and Zip Code			
KFYOGABAR@GMAIL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
KELLY FROTTEN at (904) 742-6194			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
■ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



YOGABAR CO

<u> </u>	1044.04103300 1 1 2 3 3
(Name of Corporation as currently filed with the Florida Dept. of State)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
P13000051355	•

ent(s) to

(Document Number of Corporatio	n (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Cor</i>	poration adopts the following amends
A. If amending name, enter the new name of the corporation:	L	
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A profession	
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)	YOGABA	AR CO
	605 SR 1	3 SUITE 108
	SAINT JO	HNS, FL. US 32259
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional forms of New Positional Agent Agent KELLY FROT	ress:	ter the name of the
Name of New Registered Agent		
605 SR 13 SL		
CAINT IOUNI	a street address)	32259
New Registered Office Address.	City)	, Florida 32259 (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered/agent. I am family Signature of New Register	ar with and accept the	obligations of the position.

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>Y</u> .	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PTD	FROTTEN, KELLY I	605 SR 13, STE. 108
Add			SAINT JOHNS, FL 32259
Remove			
2) Change	SD	HORROCKS, CANDICE R	605 SR 13, STE. 108
Add			SAINT JOHNS, FL 32259
Remove			
3) Change	D	CALL, NATALIE E	605 SR 13, STE. 108
Add			SAINT JOHNS, FL 32259
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
The state of the s	1
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) date this document was signed.	adoption: JUNE 5, 2014	, if other than th
_	UNE 5, 2014	
<u>паррисавис</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated_JUNE	5, 2014	
Signature		
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appo	binted fiduciary by that fiduciary)	
	CANDICE HORROCKS	
	(Typed or printed name of person signing)	
	SECRETARY, YOGABAR CO	
	(Title of person signing)	