P13000057579

(Re	equestor's Name)		
(Ac	ddress)		
(Ad	ddress)		
(C	ty/State/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
(B	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Amendment Section
Division of Corporations

	RATION: Imaginary F		<u>) </u>		
DOCUMENT NUME	BER: P1300005757	9			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	Damon Cornelius				
	Name of Contact Person				
		Firm/ Company			
	12717 Trucious p	lace			
	Address				
	Tampa FL 33625				
		City/ State and Zip Code			
dar	noncornelius11@l	hotmail.com			
		ed for future annual report	notification)		
For further information	n concerning this matter, please	e call:			
Damon Cornelius		_{at (} 813	732-3475		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment 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)		
Ame Divi. P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment

Articles of Incorporation

Imaginary Food Truck Cor	P
(Name of Corporation as currently filed with the Florida Dept, of State)	··I
P13000051519	-
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a	_The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	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 MAYBE A POST OFFICE BOX)	
(Manual Barrier Barrie	1
	- 🚊 造
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered of fice address:	
Name of New Registered Agent	五
	٠. س
(Florida street address)	
New Registered Office Address: , Florida,	_
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	
signature of New Negistered 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 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>	Address
1) Change	VP	Gary Cornelius	12717 Trucious place
X Add			Tampa
Remove			FL, 33625
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	=		
Add			
Remove			
6) Change			
Add			
Dumanu			

ach additional sheets, if necessary).	(Be specific)
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n amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
ovisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
The first that the same of the	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed. 7-25-2013	
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)	
(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.	
7-25-2013	
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)	
Damon Cornelius	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	_