## P13000080688

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SECRETARY OF STATE
TALL AHASSEE, FLOSID.

FILED

C. LEWIS

MAY 1 5 2014

EXAMINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: HOT ROd'S	S SAUCE SCHACK IN
DOCUMENT NUMBER: P 300008	0688
The enclosed Articles of Amendment and fee are submitted for filing	Ţ.
Please return all correspondence concerning this matter to the follow	ing:
3106 W.  Addr  TAM DA  City State at	Auce SCHACK INC.  mpany  BRADOCK ST  ess  FL 33607
E-mail address: (to be used for future and	rual report notification)
For further information concerning this matter, please call:	
Name of Contact Person at (	813) 482-6892 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Fl	orida Department of State:
\$35 Filing Fee	py Certificate of Status
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

APPROVILLAND FILED

## Articles of Amendment

to

Articles of Incorporation of

14 MAY -5 PM 2: 02

SECRETARY OF STANDA
HOT ROD'S SAUCE SCHACK INICAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Florida Dept. of State)
T13000080688
(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 amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
HOT ROD'S SAUCE SHACK ITAN Sevi
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
,
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 office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code:
Nov. Designation and A marchine Computation of Abstraction Consistence of According
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

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 <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			
Change Add		<del></del>	
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add Remove			

	cles, enter change(s) here: (Be specific)
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	·
	ange reclassification or cancellation of issued charac
If an amendment provides for an exch	ange, rectassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the amer	ndment if not contained in the amendment itself:
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	14 MAY -5 PM 2: 02	, if other than the
date this document was signed.	Tak inco.	
Effective date if applicable:	SECRETARY OF STATE TALL AHASSEE, FLORIDA	
	days after amendment file date)	<del></del>
(no more than 20 t	mys uper amenamem me uner	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to the proper entitle		
"The number of votes cast for the amendment(s) was/were s	sufficient for approval	
by	"	
(voting group)		
The amendment(s) was/were adopted by the board of directors with action was not required.  The amendment(s) was/were adopted by the incorporators without action was not required.		
Dated 5 2014 Signature 5 00 due	lun	
(By a director, president or other officer		<del></del>
	ands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)		
RODGA	nted name of person signing)	
(Typed or phr	ned name of person signing)	
Preside	NT	_
(Title	of person signing)	

Carlo San