## P13000034756

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CITRUS CHICKE	N KING INC			
DOCUMENT NUMBI					
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
7	ERRI DALLAIRE, CPA				
_		Name of Contact Person	1		
(	COHEN AND DALLAIRE, CPA'S, PA				
_		Firm/ Company			
F	O BOX 490				
_		Address	<del> </del>		
(	CRYSTAL RIVER, FL 34423-0490				
<del>-</del>	City/ State and Zip Code				
TDAL		I AIDE COM			
TDAL.	LAIRECPA@COHENDAL	sed for future annual report	notification)		
	E-man address. (to be at	sed for fatare aminati report	notineation)		
For further information	concerning this matter, pleas	se call:			
TERRI DALLAIRE, CPA		at (352	563-1300		
Name of Contact 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 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

to

	01		
CITRUS CHICKEN KING INC			
(Name o	of Corporation as currently	filed with the Florida Dept. o	f State)
P13000084756			
-	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adop	ots the following amendment(s
A. If amending name, enter the new na	nme of the corporation:		The Same
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation	
B. Enter new principal office address,	if annlicables	N/A	
(Principal office address MUST BE A S			Es 5
			36
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1146 GETTY LN.	
		HERNANDO, FL 34442-288	30
D. If amending the registered agent an			of the
new registered agent and/or the nev	<u>v registered office address:</u> PHILLIP TOMPETRINI		
Name of New Registered Agent	PHILLIP TOMPETRINI		
	(Florida stre	nat addrage)	
	1146 GETTY LN., HERNA	ANDO	34442-2880
New Registered Office Address:		<i>City)</i> , F	lorida(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.

Phillip Topul.
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 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	P	ARTHUR J. GREEN		
Add X Remove				
2) Change	SEC	LINDA J. GREEN		
Add				
Remove 3) Change	P	JAMES HILL	P.O. BOX 753	
X Add			LECANTO, FL 34460-0753	
Remove				
4) Change	ST	PHILLIP P. TOMPETRINI	1146 GETTY LN.	
X Add			HERNANDO, FL 34442-2880	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			<del> </del>	
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
7)	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
/A	

The date of each amendment(s) adopted this document was a six at	tion:	, if other than the
date this document was signed.  09/14/2	016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date tment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statementh voting group entitled to vote separately on the amendment(s):	ıt.
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	,,,	
, <u> </u>	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated	-63-16 Here free	
(By a direc selected, b	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
AR	RTHUR GREEN	
	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	