Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From

Account Name : SWART BAUWRUK & COMPANY, LLP

Account Number : | 20000000291 Phone

(407) 847-7466

Fax Number

: (407) 847-6641

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN **FUDGE KITCHEN, INC.**

| Certificate of Status | 0 |
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Corporate Filing Menu

Help

From: Dixie Kennedy

Fax: (866) 695-0896

To: 8506176380@rcfax.con Fax: +18506176380

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Articles of Amendment to Articles of Incorporation of

Fudge Kitchen, Inc.

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MALLAHASSEE, FLORIDA

| (Name of Cornorati | on as currently filed v | with the Florida Dept, of State) |
|---|---|--|
| | P13000094536 | |
| (Docum | nent Number of Corpor | ration (if known) |
| Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation: | ı Statutcs, this <i>Florida</i> | Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the co | rporation: | |
| | | The new |
| name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the | ," "Inc," or "Co". A | |
| B. Knter new principal office address, if applicable | <u></u> | |
| (Principal office address <u>MUST BE A STREET ADI</u> | DRESS) | |
| | | |
| , | | |
| ~ n | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO |)3() | |
| | <u></u> - | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | red office address in 1 office address: | Florida, enter the name of the |
| | | |
| Name of New Registered Agent | · · · · · · · · · · · · · · · · · · · | |
| | · · · · · · · · · · · · · · · · · · · | |
| | (Florida street addr | est) |
| New Registered Office Address: | | , Florida |
| | (City) | (Zip Code) |
| | | |
| | | |
| New Registered Agent's Signature, if changing Re- | istered Agent: | |
| I hereby accept the appointment as registered agent. | I am familiar with and | d accept the obligations of the position. |
| | | |
| | | |
| *************************************** | noture of New Registers | and Angus if changing |
| .31976 | HUMING UNITED ACTIONS | SU SPECIAL LI SIMILENIE |

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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 = Chairmon 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.

| X Change | <u>PT</u> | John Do | <u>oc</u> | | | |
|-------------------------------|------------|-------------|--------------|---|-------------------|---|
| X Romove | <u>v</u> | Mike Jo | <u>ucs</u> | | | |
| X Add | <u>\$V</u> | Sally Sn | níth | | • | |
| Type of Action (Check One) | Title | | Name . | | <u>Address</u> | |
| 1)Change | VPTD | _ | Jae-Yong Lee | | 3612 Molona Drive | |
| Add | | | | | Orlando, FL 32837 | |
| X Remove | | | | | | |
| 2) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 3)Change | | | | | | _ |
| Add | | | | , | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5)Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| | | | | | | |
| 6) Change | | _ | | | | |
| Add | | | | | | _ |
| Remove | | | | | | |

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| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
|---|--|
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| | |
| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| | |
| · | |
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| | |
| | |

| From: Dixie Kennedy | Fax: (866) 695-0896 | To: 8506176380@rcfax.con Fax: +18506176380 (((H15000137783 3))) | Page 5 of 5 06/09/2015 10:06 AM | | | | | |
|-------------------------|--|--|---|--|--|--|--|--|
| The date of date this d | of each amendment(ocument was signed. | s) adoption: | if other than the | | | | | |
| Effective | date <u>if applicable</u> : | (no more than 90 days after amendment | | | | | | |
| | | (no more than 90 days after amendment | file date) | | | | | |
| Note: If (| the date inserted in the seffective date on the | his block does not meet the applicable statutory filing receive Department of State's records. | quirements, this date will not be listed as the | | | | | |
| Adoption | of Amendment(s) | (CHECK ONE) | | | | | | |
| The and by the | nendment(s) was/were shareholders was/we | adopted by the shareholders. The number of votes cast for sufficient for approval. | or the amendment(s) | | | | | |
| ☐ The an must b | ☐ 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): | | | | | | | |
| tu | The number of votes | cast for the amendment(s) was/were sufficient for approval | I | | | | | |
| ь | у | | | | | | | |
| | | (voting group) | | | | | | |
| | nendment(s) was/were was not required. | adopted by the board of directors without shareholder act | ion and shareholder | | | | | |
| | rendment(s) was/were was not required. | adopted by the incorporators without shareholder action a | and shareholder | | | | | |
| | Dated Ju | ne 5, 2015 | | | | | | |
| | Signature | JOON STORM | | | | | | |
| | sel | a director, president or other officer — if directors or officected, by an incorporator — if in the hands of a receiver, to pointed fiduciary by that fiduciary) | | | | | | |
| | | Yoon-Jung Lec | | | | | | |
| | | (Typed or printed name of person signing) | | | | | | |

(Title of person signing)

President