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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Fit Food Fresh, Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen Kaiser Name of Contact Person Fit Food Fresh, Inc. Firm/ Company 129 NW 13th Street, Suite 33 Address Boca Raton, FL 33432 City/ State and Zip Code skaiser@fitfoodfresh.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Kaiser Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Street Address Mailing Address Amendment Section** Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle

Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE FOOD FIESH, INC.		
(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P14000000226		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
		The new '
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		129 NW 13th Street, Suite 33
(Principal office address MUST BE A S		Boca Raton, FL 33432
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		129 NW 13th Street, Suite 33
		Boca Raton, FL 33432
		PAR O
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the
Name of New Registered Agent	Stephen Kaiser	
	129 NW 13th Street, Suite	33
	(Florida stre	et address)
New Registered Office Address:	Boca Raton	. Florida 33432
ter negationed office hadress.	((City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	
I hereby accept the appointment as regist	tered agent. I am familiar	th and accept the obligations of the position.
	1/6	MM _
	Signature of New R	egistered 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:	wve, ana saity sn	uin, Sv as an Ada.	•
X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	:
X Add	<u>SV</u> <u>Sal</u>	ly Smith	•
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P	Stephen Kaiser	200 NE 2nd Ave, Suite 408
Add			Delray Beach, FL 33444
Remove			
2) X Change	<u>s</u>	Casey Cochran	20810 Concord Green
Add			Drive West
Remove			Boca Raton, FL 33444
3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		•	
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an exchange, reclassi	ication, or cancellation of issued shares,	
an amendment provides for an exchange, reclassi rovisions for implementing the amendment if not (if not applicable, indicate N/A)	ication, or cancellation of issued shares, contained in the amendment itself:	
an amendment provides for an exchange, reclassi rovisions for implementing the amendment if not (if not applicable, indicate N/A)	ication, or cancellation of issued shares, contained in the amendment itself:	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		.*
Effective date <u>if applicable</u> :		•
	(no more than 90 days after amendment file date	,
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	•
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amount of the sufficient for approval.	endment(s)
• •	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	*
"The number of votes ca	t for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were a action was not required.	lopted by the incorporators without shareholder action and share	holder
Decemb Dated	er 1 ,2015	
	director, president of other officer - if directors or officers have	
	ted, by an incorporator – if in the hands of a receiver, trustee, or on the intending that fiduciary)	other court
	Stephen Kaiser	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	