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(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)	<u> </u>		
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: De Cosmo & Salads & Sandwiches Inc
DOCUMENT NUMBER: P14 00000 18 61
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person De Cosmo's Salads & Sandwiches Inc. Firm/ Company 4195 54th Due No Unit E Address St. Peter Fl. 33714 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cay P. De Cosmo at (727) 623-5431 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to
Articles of Incorporation

FILED.

_	of	. po	2014 NOV -6 P	M 4: 21
Decogmois S	Saladad	- Sanda.	ches Inc	in and the
(Name of Corporation as curren	ntly filed with the Flo	rida Dept. of State)	TALLAHASSEE	ELORIDA
P14 00 000 1861			ALL MINDS	
(Document Numb	ber of Corporation (if I	known)		_
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corpor	ation adopts the followir	ng amendment(s) to
A. If amending name, enter the new name of t	the corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co	o". A professional		
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		Gary 1 419/5 ! St. Pe	9 Delosma 54th Avel fe fl.3	e No Unit E 33>14
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)			-
D. If amending the registered agent and/or registered agent and/or the new regist		ss in Florida, enter t	he name of the	_
Name of New Registered Agent				
-1677	(Florida street	t address)		
Nav. Pagintonad Office Addussin			91 - at 1a	
New Registered Office Address:	(City)	, 1	Florida(Zip Code)	•
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	hand accept the obli	gations of the position.	
		/)	
Signature	of New Registered Ago	ent, 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:	., una bat	, 5	Dr un un 71uu.			
X Change	<u>PT</u>	John I)	loe			
X Remove	<u>V</u>	Mike J	ones			
X Add	<u>SV</u>	Sally S	mith			
Type of Action (Check One)	Title	•	Name		<u>Addres</u> s	
1) Change	11	2	Amie	DeCorno	4195 34 th Al	IENo.
Add Remove					3+Defe Fl. 33714	UnitE
2) Change	VO	2	Gary AD	Peloumo	4195 54 Hg 5+ Pete	ve No
Add Remove			. /		510ete Fl. 33714	
3) Change		_		<u> </u>		
Add Remove						
4) Change		_				
Add				•		
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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)	
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.	
Dated_1/- 3-3014	
Signature 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 iduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
V. President	
(Title of person signing)	