P1400004509

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SECRETARY OF STATE AND SECRETARY OF CHRENENTIES.



COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: HEAVENLY FOODS Lounge				
DOCUMENT NUMBER: <u>\$\P\4\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Pashun Dobson Name of Contact Person				
Firm/Company				
3913 S. Lake Ten.				
Miramar Fl 33023				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: 105hun Dobson at (786) 436-3611				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35 00 check made payable to the Department of State				

sed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: DN
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Inco	rporation			
Hervenly Foods Lau	nse			
(Name of Corporation as currently filed with the Florida Dept. of State)				
P140000450	7			
(Document Number of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Clorida Profit Corporation adopts the following	g amendm	ent(s) to	
A. If amending name, enter the new name of the corporation:		The nev	14)	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must c	- bbreviatio	on	
B. Enter new principal office address, if applicable:	4040 S.W 69 Ave	_		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miramar Fl 33023	3		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3913 S. Lake ter. Miramar Fl 33023	· -		
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		.		
Name of New Registered Agent				
(Florida stre	eet address)			
New Registered Office Address:	, Florida			
(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.	14 FEB 2	SECRETA SECRETA	
Signature of New Registered A	gent, if changing	AM I	RY OF S	

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP.	Kubin Dobon	3913 S. Lake Tenn Minaman Fl 33003
Add Remove		•	7/11/4// (703)003
2) Change	<u> </u>	Christina Penn	3913 S. LAKETEN Minaman FL 3303
Remove 3) Change			<u></u>
Add			
4) Change			
Add Remove		·	
5) Change	<u></u>	· ·	
Remove			
6) Change			
Remove			

	adding additional all sheets, if necessar	ry). (Be speci	fic)	_		
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				· <u> </u>		
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					<u>_</u>	
 						
					<u> </u>	-
····		. .				
<u>f an amendme</u>	ent provides for an rimplementing the	exchange, recl	assification, or	r cancellation of	issued shares,	
	plicable, indicate N/		not contained	in the amendine	<u></u>	
					·	
			 			
						,

date this document was signed.	doption:	, ii omer man m
Effective date if applicable:		
Effective date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	02-20-14	
Signature	1/2	_
	director, president or other officer – if directors or officers have not been	
	ed, by an incomporator — if in the hands of a receiver, trustee, or other court nted fiduciary by that figu ciary)	
арро.	med reducing by man reserving)	
	lashun I bson	
	(Typed or printed name of person signing)	
	tre siden t	<u> </u>
	(Title of nerson signing)	