(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	···	

Office Use Only 🕤



300266649683

11/24/14--01023--004 **35.00

C. Lewis 14

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Corner Stone Cafe And Market Incomment number: P1400009077
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Strickland Name of Contact Person Cornerstone Cafe And Market Inc Firm/ Company 1905 E Gilchrist St Address Plant City FL 33563 City State and Zip Code Strickol 79 @ yahoo, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tason Strickland at (813), 476-9525 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
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

^		of	at DM 2:59
Corner stone Ca	fe And	Market Inc	14 NOV 24 PM 2: 59
(Name of Corporation as cur	rently filed with the	Florida Dept. of State)	
P140000090	>77		
(Document No	amber of Corporation	ı (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, th	is Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp," "Inc," or	"Co". A professional corporation	
B. Enter new principal office address, if a	oplicable:	7013 Lithia	Pinecrest Rd
(Principal office address MUST BE A STRE		_	
		Plant City,	<u> </u>
C. Enter new mailing address, if applicab	le:	^ ~	.
(Mailing address <u>MAY BE A POST OF</u>		905 E. Gila	hrist St
		Plant City F	=L 33547
			<u> </u>
		 	
D. If amending the registered agent and/o	r registered office ac	ldress in Florida, enter the name of	the
new registered agent and/or the new re	gistered office addr	ess:	
Name of New Registered Agent	Jason S	Strickland	
_	105 E.G	ailchrist St.	
_	(Florida	street address)	
New Registered Office Address: Plant City, Florida 33563			3563
	(Ci	ity) (Zip Code)
N B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			he position.
			•
Signal	ure of New Registere	ed Agent, if changing	
	" 10 ····	- · · · · · · ·	

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P Jay Strickland	17512 HWY 672 Lithia, FL 33547
Remove 2) Change Add	VP, S.T Chery a. Struggene	
Remove 3) Change Add	P. VP S.T Jason Strickland	
Remove 4) Change Add		
Remove 5) Change Add Remove		
6) Change Add Remove		

If amending or adding additiona (Attach additional sheets, if necess				
				
NA	·			·
				
				· · · · · · · · · · · · · · · · · · ·
	 			
			<u></u>	
		 		
				
If an amendment provides for ar provisions for implementing the	amendment if	assification, or ca not contained in	ancellation of issue the amendment its	d shares, elf:
(if not applicable, indicate N	A)			
. 1 / 1				
N/A				
<i>l</i>				
				
				

The date of each amendment(s) adoption: _date this document was signed.	10-1-14	SECRETARY OF STATE STATE OR STATE STATE OR STATE	, if other than the
Effective date if applicable:	(no more than 90 days after a	14 HOV 24 PM 2: 59	
	(
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient fo	ne shareholders. The number of very approval.	otes cast for the amendment(s)	
The amendment(s) was/were approved by must be separately provided for each voting			
"The number of votes cast for the am	nendment(s) was/were sufficient for	or approval	
by		,"	
	oting group)		
The amendment(s) was/were adopted by the action was not required.	ne board of directors without share	cholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	ne incorporators without sharehold	ler action and shareholder	
Dated 11-18-	14		
Signature			
selected, by an in	esident or other officer – if direct acorporator – if in the hands of a r ary by that fiduciary)		
	Jay Stricklar	d Sausan signing)	<u>—</u>
	_	or person signing)	
	President		
	(Title of person s	rianina)	