

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : Ala REGISTERED AGENT INC.

Account Number : 120090000032 Phone : (561)792-2236 Fax Number : (561)202-8082

Enter the enail address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: REGAGENTSERVICES@YAHOO.COM

> COR AMND/RESTATE/CORRECT OR O/D RESIGN 2C CATTLE RANCH INC.

> > Certificate of Status Certified Copy Page Count 05 Estimated Charge S35.00

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Help

FEB 28 2014 T. CARTER

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Articles of Amendment to Articles of Incorporation of

| 2C CATTLE RANCH INC. | | | |
|---|--|------------|-----------------|
| (Name of Corporation as currently filed with the Flo | orida Dept. of State) | | |
| P14000017272 (Document Number of Corporation (if | known | | |
| | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: | lorida Profit Corporation adopts the following | g amendi | ment(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| 2 C CATTLE RANCH INC. | | _The n | erv |
| 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 | To". A professional corporation name must . P.A." | | |
| B. Enter new principal office address, if applicable: | 3811 E. HANNA AVE. | | |
| (Principal office address MUST BE A STREET ADDRESS) | TAMPA, FL 33610 | _ | |
| | | _ | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3811 E. HANNA AVE. | | |
| | TAMPA, FL 33610 | _ | |
| | | - <u>-</u> | Z S |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | | FEB | LA. |
| Name of New Registered Agent | | 27 | |
| (Florida stre | an a Maran | PH 10: 2: | |
| | · | ₫ | ∵ TS: |
| New Registered Office Address:(City) | , Florida(Zip Code) | 27 | |
| | | | >> |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | | • | |
| | <u></u> | | |
| Signature of New Registered A | gent, if changing | | |

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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)

Example:

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.

| X Change | PT | John Doe | |
|-------------------------------|--------------------------|-------------------|--------------------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name · | <u>Addres</u> s |
| I) Change | DP | DANIEL FABIAN | 3811 E. HANNA AVE. |
| Add | | | TAMPA, FL |
| Remove | | | 33610 |
| 2) Change | DP | KIMBERLY A TRAVIS | 3811 E. HANNA AVE. |
| Add | | | TAMPA, FL |
| Remove | | | 33610 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | _ | | |
| Add | | · | |
| Remove | | | |
| δ) Change | | | |
| Add | | | |
| | | | |
| Remove | | | |

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| amending or adding addition ttach additional sheets. If necessions | essary). (Be speci | fic) | | | |
|--|--------------------|---------------------------------------|---------------------------------|------------------------------|----------|
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| an amendment provides for provisions for implementing (if not applicable, indicate | the amendment if | assification, or not contained i | cancellation of in the amendmen | issued shares, ut itself: | |
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| The date of each amendment(s) adoption: | , if other than th |
|--|--------------------|
| 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 | |
| | |
| 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 FEB 27, 2014 | |
| Signature Imalmack. | |
| (By a director, president or other officer - if directors or officers have not been | |
| selected, by an incorporator - if in the hands of a recuiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| TINA MAKI | |
| (Typed or printed name of person signing) | |
| INCORPORATOR | |
| (Title of payens signing) | |