P14000068544

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FORSON OF STATE

JUN 23 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLAME GRILLING PRODUCTS, INCOMENT NUMBER: P1400068544
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KENDETH THEOBALD Name of Contact Person
FLAME GRILLING PRODUCTS, INC
2500 WINSLOWS MILLS Rd
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KEUDETH THEOBALD at (207) 823-8220 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 Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Ft. 323142661 Executive Center Circle Tallahassee, Ft. 32301

Articles of Amendment to Articles of Incorporation of

	01	± 5	چ
FLAME GRILLING	PRODUCTS INC	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7
(Name of Corporation	as currently filed with the Florida Dept. of State)	E (7)	=
P14000068	-44	# _ 1 	
(Documen	t Number of Corporation (if known)	<u> </u>	^
Down and the second second to COT 1000 Placed a CO	and the Florida Ber G. Comment and demants follows		<u> </u>
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	natutes, this <i>Florida Projit Corporation</i> adopts the follow	ing amendmen	us C
A. If amending name, enter the new name of the corp	oration:		•
W	/ A	The new	
word "chartered," "professional association," or the ab-	"Inc," or "Co". A professional corporation name mus	abbreviation t contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	2500 W/LELOWE M.	LC 00)
	WALDO BORD, ME	•	
	WACOO BORD, INCE	045.72	_
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the		
new registered agent and/or the new registered off			
Name of New Registered Agent	,		
	N/A		
 	(Florida street address)		
V N			
New Registered Office Address:		n Code)	
	10.5	, , , , ,	
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered agent. I a	um familiar with and accept the obligations of the position	1.	
	,		
	N/A		
	re of New Registered Agent, if changing		
Signal.	are by the modern out made in a stranging		

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add		NA	
Remove		MA	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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PAMELA THEOBALD 801 SHARES FOOD INNOVATIONS 199 SHARES If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	e to b
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N/A	

The date of each amendment(s) adoption: _ date this document was signed.	SEPT	1, 2014	, if other than the
Effective date if applicable:		0 days after amendment file date)	
	`	,	
Note: If the date inserted in this block does document's effective date on the Department of		able statutory filing requirements	, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for		number of votes cast for the amer	ndment(s)
☐ The amendment(s) was/were approved by a must be separately provided for each voting			
"The number of votes cast for the am	nendment(s) was/were	e sufficient for approval	
by		.,,	
(v	oting group)		
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors	without shareholder action and sha	areholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators with	out shareholder action and shareho	older
Dated Supe	1,2015	<u>. </u>	
Signature		4	
(By a director, pr	esident of other offic	er - If directors or officers have no	ot been
appointed fiducia	ry by that fiduciary)	e hands of a receiver, trustee, or of	ner court
_ K	ENNETH	THEOBALD, JR	
		name of person signing)	-
<u></u>	PREB. DE	VT	-
	(Title o	of person signing)	