

PI4 0000 73017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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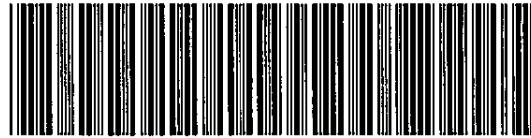
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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9-15-14

**MURRAY, CRAVEN & INMAN, L.L.P.**

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(910) 483-6822

September 12, 2014

Florida Secretary of State  
Amendment Section  
Corporations Division  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
14 SEP 15 PM 3:58  
STATE OF FLORIDA  
TALLAHASSEE

RE: Articles of Amendment – Chanticleire Group, Inc. (P14000073017)  
Articles of Amendment – One Short, Inc. (P14000071557)

Dear Sir or Ma'am:

Enclosed are the Articles of Amendment for One Short, Inc. and Chanticleire Group, Inc., along with our firm check in the amount of \$70.00 for the \$35.00 filing fee for each Articles of Amendment. Should you have any questions or concerns, please do not hesitate to contact me.

Yours truly,

MURRAY, CRAVEN, & INMAN, L.L.P.

  
Ocie F. Murray, Jr.

OFMjr/nac  
Enclosures

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Chanticleire Group, Inc.

DOCUMENT NUMBER: P14000073017

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Corley

Name of Contact Person

Murray, Craven, & Inman, L.L.P.

Firm/ Company

P.O. Drawer 53007

Address

Fayetteville, NC 28305

City/ State and Zip Code

nicole@mcilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole

at ( 910 ) 483-4990

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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
14 SEP 15 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Chanticlaire Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000073017

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**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 office address:**

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, 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:**

X Change                      PT      John Doe

X Remove                     V        Mike Jones

X Add                         SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change  
☐ Add  
☐ Remove

N/A

N/A

N/A

- 2) ☐ Change  
☐ Add  
☐ Remove
- 3) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 4) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 5) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 6) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 TALLAHASSEE, FLORIDA

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Article III: The purpose for which this corporation is organized is: to operate one or  
more franchised Chick-fil-A restaurant business(es) under a Franchise Agreement with  
Chick-fil-A, Inc. and to exercise all other powers necessary to, or reasonably connected  
with, the operation of franchised Chick-fil-A restaurant business(es).

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STATE  
FALLS CHICK-FIL-A

**F. 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)*

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

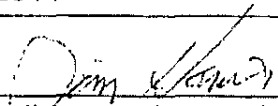
by \_\_\_\_\_"  
(voting group)

☒ 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 9/11/2014

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 fiduciary by that fiduciary)

Jim Harris

(Typed or printed name of person signing)

Secretary

(Title of person signing)