P14000078662

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CATERING LINK	INC	<u>.</u>
DOCUMENT NUMBI	P14000078662		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	IOE LINKENHEIMER		
_		Name of Contact Persor	<u> </u>
•	CATERING LINK INC		
-		Firm/ Company	
:	5102 TIMAUQUANA RD S	TE 6	
-		Address	
	JACKSONVILLE FL 32003		
_		City/ State and Zip Code	2
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOE LINKENHEIMEI	₹	904 at (300-5405
Name o	f Contact Person	Area Co)de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CATRING LINK INC			
(<u>Name o</u>	of Corporation as current	ly filed with the Florida Dept. of State	<u>e</u>)
1400070002	(Document Number of	of Corporation (if known)	
		•	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendment(
a. If amending name, enter the new na	ame of the corporation:		
			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation nan	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		5102 TIMUQUANA RD STE 6	. 22
		JACKSONVILLE FL 32003	马马马
			型 P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5102 TIMUQUANA RD STE 6	HA E
		JACKSONVILLE FL 32003	8
If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	JOE LINKENHEIMER		
	5102 TIMUQUANA RD	STE 6	
	(Florida st	reet address)	
New Registered Office Address:	JACKSONVILLE	, Florida	32003 (Zip Code)

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>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PT	JENNIFER LINKENHEIMER	5102 TIMUQUANA RD STE 6
Add			JACKSONVILLE FL. 32003
X Remove			
2) X Change	РТ	JOE LINKENHEIMER	5102 TIMUQUANA RD STE 6
Add			JACKSONVILLE FL. 32003
Remove			
3) Change			
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE REMOVE MRS.JENNIFER LINKENHEIMER FROM THIS COMPANY AND SET MR.
JOE LINKENHEIMER AS PEGISTER AGENT AND PT.
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

04/12/2016	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
04/12/2016	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
n., 2	
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.	
04/12/2016	
DatedSignature	
(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)	
JOE LINKENHEIMER	
(Typed or printed name of person signing)	
PT AND REGISTER AGENT	
(Title of person signing)	