# P1500043049

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#### COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Kitchen Angel, Inc		
DOCUMENT NUMBE	ER: P15000043049	<del> </del>	
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
T	'homas J. Bellante		
-	<del>-</del>	Name of Contact Persor	1
C	Baryn Angel Enterprises		
_		Firm/ Company	
5	471 Richey Dr.	,	
_		Address	
F	Port Richey, FL 34668		
_		City/ State and Zip Code	:
thellant	te@magicalbutter.com		
	-	ed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	e call:	
Thomas J. Bellante		at ( 813	545-7453
Name of Contact Person		Area Co	) 545-7453 de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301

#### Articles of Amendment to Articles of Incorporation

## FILED

2018 OCT 23 PM 4: 43

Kitchen Angel, Inc.		2 15 16V 6E CTA
(Name)	of Corporation as current	tly filed with the Florida Dept. of State) AllASSEE. Fl
15000043049		
	(Document Number o	of Corporation (if known)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006. Florida Statutes, this	s Florida Profit Corporation adopts the following amendment
. If amending name, enter the new na	ame of the corporation:	
		The new
	nation "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
Enter new mailing address, if appli		
(Mailing address <u>MAY BE A POST</u>	OFFICE BUS	
If amending the registered agent an	d/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the nev		
Name of New Registered Agent	Thomas J. Bellante	
	5471 Richey Dr.	
	(Florida st	treet address)
New Registered Office Address:	Port Richey	. Florida
New Registered Office Address.		(City) (Zip Code)
ew Registered Agent's Signature, if c		it: with and gecept the obligations of the position.
neren, accept the appointment as region		/ / _
	16-12	15 H
	11 11 11/	
	Signature of New	Registered Agent, if changing
	l	

### 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	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SD	Vanhook, William, CPA	5471 Richey Dr.
Add X Remove			Port Richey, FL 34668
2) X Change	TSD	Bellante, Thomas, CPA	5471 Richey Dr.
Add			Port Richey, FL 34668
Remove			
3)Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	r <u>adding additional Articles, enter change(s) here</u> : nal sheets, if necessary). (Be specific)	
		_
<u> </u>		
	lment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>lf an amen</u>	for implementing the amendment if not contained in the amendment itself:	
provisions (if not	applicable, indicate N/A)	
(9		
		_
		_

	09/01/2018	, if other tha
The date of each amendment(s) addate this document was signed.	option:	
Effective date if applicable:	(no more than 90 days after amend	nent file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filin partment of State's records.	g requirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes entitieient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for app	
by	(voting group)	·"
The amendment(s) was/were accion was not required.	opted by the board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder a	ction and shareholder
10/10/20 Dated	x / Ata	
selec	director, president or other officer – if directors of the directors of the hands of a receivanted fiduciary by that fiduciary)	or officers have not been ver, trustee, or other court
	Thomas J. Bellante	
	(Typed or printed name of person s	Guing)
	CFO	
	(Title of person signing	<del>)</del>