P16000030111

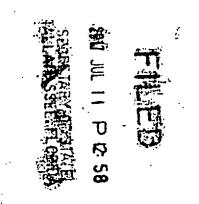
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Basiless Elliky Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |





900301048319

07/11/17--01019--006 ++35.0G



JUL 18 2017

T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: FLORIDA BIO FO | DODS INC. | |
|-------------------------|---|--|--|
| OOCUMENT NUMB | ER: | | |
| | f Amendment and fee are su | bmitted for filing. | |
| lease return all corres | oundence concerning this ma | tter to the following: | |
| , | ALEXIS FERRER | | |
| _ | | Name of Contact Persor | 1 |
| | FLORIDA BIO FOODS INC | | |
| • | | Firm/ Company | |
| | 12302 MOSSWOOD PLAC | E | |
| - | | Address | |
| | LAKEWOOD RANCH, FL. | 34202 | |
| - | - | City/ State and Zip Code | 2 |
| ALEX | TS.FERRER@GMAIL.COM | 1 | |
| | ~ | sed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| ALEXIS FERRER | | 954 at (| de & Daytime Telephone Number |
| 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 | irtment 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 |
| | ndment Section sion of Corporations | | lment Section on of Corporations |
| | Box 6327 | | Building |
| | hassee, FL 32314 | | Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| FLORIDA BIO FOODS INC. | . <u></u> | <u> </u> | | |
|--|---|------------------------------|--|-------------------|
| (Name of Co | orporation as currently | filed with the Florida De | pt. of State) | |
| P16000020111 | | | . <u></u> | |
| | (Document Number of C | 'orporation (if known) | · | |
| Pursuant to the provisions of section 607,1006 as Articles of Incorporation: | 5. Florida Statutes, this <i>Fi</i> | lorida Profit Corporation | adopts the follov | ving amendment(s) |
| A. If amending name, enter the new name | of the corporation: | | | |
| | | | | The new |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association, | n "Corp," "Inc," or "C | o". A professional corpo | porated" or the ration name mu | abbreviation |
| B. <u>Enter new principal office address, if ag</u> Principal office address <u>MUST BE A STRE</u> | | | | |
| C. <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OF F</u> | | | | |
| D. If amending the registered agent and/or new registered agent and/or the new rej Name of New Registered Agent | gistered office address: | ss in Florida, enter the na | ame of the | |
| Same of New Acquirer angem | | | | |
| | (Florida stree | t address) | | |
| N. D. S. LOGS Lillians | | | . Florida | |
| New Registered Office Address: | ((| Tity) | | (ip Code) |
| New Registered Agent's Signature, if chang Thereby accept the appointment as registered | ging Registered Agent: Lagent. Lam familiar wi | th and accept the obligation | ons of the provided by the pro | |
| | Signature of New Reg | gistered Agent, if changing | 65 S | |

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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D \cdot Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO \cdot Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: <u>X</u> Change | <u>b,L</u> | John Doe | | |
|-------------------------------|--------------|------------------|--------------------------|--|
| X Remove | <u>V</u> | Mike Jones | | |
| <u>X</u> Add | <u>8V</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address | |
| I) Change | Т | BOSCAN, NELSON R | 3326 LAKESIDE DR. | |
| Add X Remove | | | DAVIE, FL 33328 | |
| 2) Change | Т | ALEXIS FERRER | 12302 MOSSWOOD PLACE | |
| X Add | | | LAKEWOOD RANCH, FL 34202 | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| Attach additional sheets, if necessary). | (Be specific) | | | | |
|--|-------------------|-------------------|-----------------------|----------|-----------------|
| | | | | | |
| | | <u> </u> | | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | | | | |
| | _ | _ | | | |
| | | | | | |
| | | | | | |
| | | | . ,-,-, | | |
| | | | | | |
| | | | | | |
| | | | | | · - |
| | · | | | | |
| | | | | | |
| | | · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ainn an annadhati | an aCicenad sha | * | |
| f an amendment provides for an exch provisions for implementing the ame | ndment if not cor | tained in the ame | <u>ndment itself:</u> | 165, | |
| (if not applicable, indicate N/A) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| The date of each amendment(s) adoption:, if other than the |
|---|
| date this document was signed. |
| Effective date if applicable: |
| Effective date if applicable: (no more than 90 days after amondment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) |
| ☐ 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) |
| (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. |
| JULY 3, 2017 |
| 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) |
| |
| ALEXIS FERRER |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |