

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000263884 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FASTKIT CORP Account Number : I20100000009

Phone : (305)599-0839 : (305)592-9591 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MGB CATERING, INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation of

MGB CATERING,INC	
	rently filed with the Florida Dept. of State)
P16000032166	
(Document Numb	oer of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo	ration," "company," or "incorporated" or the abbreviation
	or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviat	ion r.A.
B. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u>√</u> 2
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>⊋</u> ~
D. If amonding the registered agent and/or registered office	address in Florida, enter the name of the
new registered agent and/or the new registered office add	dress:
Name of New Revistered Agent	
Floric	da street address)
MIAM	•
New Registered Office Address:	(City) (Zip Code)
	1
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
Simon at any of h	lew Registered Agent, if changing
SIETALINTE OT IY	iew askwieieu akthi, ii chunkuik

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.

X Change	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	şv	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	P	WESTMORBLAND, BRIN	2510 NW 187 STREET
Add			MIAMI, FL 33142
X Remove			
2) Change		<u> </u>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add		,	
Remove			
<del></del>			<u> </u>
5) Change			
Add			
Remove			-
6) Change			
Add	-		
Remove			

	e additional Articus, if necessary).	(Be specific)			
	· · · · · · · · · · · · · · · · · · ·				
<del></del>					
	<u></u>				
					•
<del></del>	······································				
<del></del>					· · · · · · · · · · · · · · · · · · ·
	,				
***************************************					
				······································	
	<del> </del>				
		•			
lf an amendment pro	ovides for an exch	ange, reclassific	ation, or cancellat	on of issued shar	'es_
provisions for imple	menting the ame	ndment if not co	ntained in the ame	ndment itself:	- <del></del>
	i, indicale IVA)				
(if not applicable					
(if not applicable	• • • • • • • • • • • • • • • • • • • •				
(if not applicable					
(if not applicable		****	M. J. C. C.		
(if not applicable					
(if not applicable					
(if not applicable					
(If not applicable					

The date of each amendment(s) adoption:, if other than date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment 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 document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.
October 24, 2016
Signature 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 tiqueiary by that fiduciary)
JAMES D. FULFORD
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)