P16000052512

(Red	questor's Name)	
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(Doc	cument Number)	_
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Section 19 Antile 3:

. 2077 SEP 19 AH 11: 3

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: IN AND OUT DRI	VE THRU, INC	
	BER: P16000052512		
The enclosed Article:	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	KISHORE PETER CPA		
		Name of Contact Person	l
KP ACCOUNTING AND TAX SERVICES INC			
		Firm√ Company	······································
	5720 GALL BLVD, STE 1		
Address			
	ZEPHYRHILLS, FLORIDA	33542	
		City/ State and Zip Code	
KPTAXES@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	se cali:	
KISHORE PETER		at (584-2524
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

N AND OUT DRIVE THRU. INC	2022 SEP 19 AH II: 3
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
16000052512	All diseases
(Document Numl	ber of Corporation (if known)
ursuant to the provisions of section 607,1006. Florida Statutes, s Articles of Incorporation:	this Florida Profit Corporation adopts the following amendments
. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
ame must he distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "I	n," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word P , A ."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
,	
). If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.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 = 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	SNEHA SUNNY	1026 CARRIAGE PARK DR
Add			VALRICO, FLORIDA 33594
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

	, if necessary). (B	le specific)			
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f an amendment provi provisions for implem	ides for an exchange	<u>ze, reclassification, o</u> nent if not contained	or cancellation of issu I in the amendment i	ied shares. tself:	
(if not applicable, i	indicate N/A)				
					
	-,,-				

The date of each amendment(s) ac	loption:	, if other than th
date this document was signed. 9/9/2 Effective date if applicable:	022	
Effective thate ir applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bodocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	: will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval)
must be separately provided for	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2022 SEP 19
DatedSignature	(voting group) 9/10/2022 TOA	AH 11: 35
(By a di selecter	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	JOSEPH CHERIAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	