P1600015579

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PUBLIC FOOD M	IART INC	
DOCUMENT NUME	BER: P16000075579		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CHACKO THOMAS		
		Name of Contact Person	n
	PUBLIC FOOD MART INC		
		Firm/ Company	
	3975 NEW TAMPA HYWY	• •	
		Address	
	LAKELAND /FLORIDA/33	815	
		City/ State and Zip Cod	c
PUBL	.ICFOODMART@GMAIL.C	COM	
	•	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
CHACKO THOMAS		at (⁸⁶³	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of PUBLIC FOOD MART INC

FILEG 2017 OCT 18 PH 3: 45

	000075579	MELIAMA TE TEL.
(Document N	umber of Corporation (if)	cnown)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit Ca</i>	orporation adopts the following amendment(s
A. If amending name, enter the new name of the corpora	ition:	
		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c." or "Co". A professi	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>)	<u></u>)	
C. Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent		
	lorida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J		ne obligations of the position.
	of New Registered Agent,	····

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	<u>PT</u>	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>	<u>Addres</u> s
1) Change	D	LINDSAY VARGHESE	5283 ARIVA DR
X Add			APARTMENT 207
Remove			LAKELAND FL -33812
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			·
Remove			

	(Be specific)
· · · · · ·	
	
If an arrange of the form of the first of th	
If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Pff. action data of annul and to	
(no more than 90 days after a	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	
 □ The amendment(s) was/were adopted by the board of directors without share action was not required. □ The amendment(s) was/were adopted by the incorporators without sharehold action was not required. 	
Dated	
selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	receiver, trustee, or other court
CHACKO THOMAS	
(Typed or printed name of person	on signing)
PRESIDENT	
(Title of person sign	ning)