P16000078213

(Re	questor's Name)	
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(City	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Bus	siness Entity Nan	nel
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Hiling Officer:	
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C. COURCEETTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: HILLTOP FOOD	INC	
DOCUMENT NUMBER	P16000078213		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
M	DR ISLAM		
		Name of Contact Person	1
. —		Firm/ Company	
85	01 FOXTAIL LOOP		
85	01 FOXTAIL LOOP, PEN	Address ISACOLA, FL 32526	
		City/ State and Zip Cod	e
MRI50@	HOTMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
MD R R ISLAM		at (<u>904</u>	9101023)
Name of (Contact Person		de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	urtment 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)
Amend Division P.O. Bo	Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

HILLTOP FOOD INC				
	of Corporation as current	tly filed with the Florida Dept.	. of State)	
P 16000078213				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation ad	opts the following amends	nent(s) to
A. If amending name, enter the new n	ame of the corporation;			
			The ne	ew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpora		
B. Enter new principal office address.				-
Principal office address <u>MUST BE A S</u>	IKEEI ADDKESS)		*	12 14
				∰
			·> \(\bar{\pi}\)	
C. Enter new mailing address, if appl	icable:	8501 FOXTAIL LOOP		
(Mailing address MAY BE A POST OFFICE BOX)		PENSACOLA		Ē
		FL 32526	35	1 (
			t _a ·):(_)
D. If amending the registered agent an new registered agent and/or the ne			e of the	
Name of New Registered Agent	MD R ISLAM			
	-			
	8501 FOXTAIL LOOP			
		treet address)		
New Registered Office Address:		treet address)	32526 Florida	

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)

Example:

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	MD R ISLAM	8501 FOXTAIL LOOP
X Add			PENSACOLA
Remove			FL 32526
2) Change	P	MD M ALAM	1604 IDLEWILD AVE
Add			GREENCOVE SPRINGS
Remove			
3) Change	VP	MD ANISUZZAMAN	1604 IDLEWILD AVE
Add			GREENCOVE SPRINGS
X Remove			FL 32043
4) Change			
Add			
Remove			
5) Change			
Add	<u></u>	<u> </u>	
			-
Remove			- -
6)Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	_	
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·			· · · · · · · · · · · · · · · · · · ·
		.	
			
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, on the name of th	r cancellation of issued sl in the amendment itself:	nares,

10/1/2016	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
10/1/2016	
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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"	
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.	
Dated	
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 fiduciary by that fiduciary)	
MD R ISLAM	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	