P16000098527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

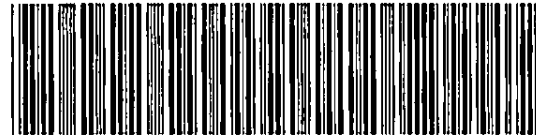☐ PICK-UP   ☐ WAIT   ☐ MAIL

11/27/17--01007--007   **35.00

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2017

HAYLEE SHADDOCK
SWEET MAGNOLIA BAKERY
10112 MONTAGUE ST
TAMPA, FL 33626

SUBJECT: SWEET MAGNOLIA BAKERY INC
Ref. Number: P16000098527

We have received your document for SWEET MAGNOLIA BAKERY INC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II   Letter Number: 617A00024046

COVER LETTER

TO: Amendment Section
      Division of Corporations

NAME OF CORPORATION: Sweet Magnolia Bakery Inc

DOCUMENT NUMBER: P16000098527

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Haylee Shaddock
_____
Name of Contact Person

Sweet Magnolia Bakery
_____
Firm/ Company

10112 Montague St
_____
Address

Tampa, FL 33626
_____
City/ State and Zip Code

hayleeshaddock@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haylee Shaddock   727   422-2951
_____ at (_____) _____
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ $35 Filing Fee   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☐$52.50 Filing Fee
                     Certificate of Status   Certified Copy   Certificate of Status
                                               (Additional copy is   Certified Copy
                                               enclosed)   (Additional Copy
                                                                         is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                       Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Sweet Magnolia Bakery

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000098527

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Southern Bay Bakery Inc.
_____*The new*
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

10112 Montague St

Tampa, FL 33626

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10112 Montague St

Tampa, FL 33626

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
                                              (City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	___	_____	_____
___ Add			_____
___ Remove			_____
2) ___ Change	___	_____	_____
___ Add			_____
___ Remove			_____
3) ___ Change	___	_____	_____
___ Add			_____
___ Remove			_____
4) ___ Change	___	_____	_____
___ Add			_____
___ Remove			_____
5) ___ Change	___	_____	_____
___ Add			_____
___ Remove			_____
6) ___ Change	___	_____	_____
___ Add			_____
___ Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
  (Attach *additional sheets, if necessary*).   (*Be specific*)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
  provisions for implementing the amendment if not contained in the amendment itself:
     (*if not applicable, indicate N/A*)

_____

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _11/30/2017_____ , if other than the
date this document was signed.

Effective date if applicable: _12/01/2017_____
                                    (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 the
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 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)

☐ 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___11/30/2017_____

Signature___*Haylee Shaddock*___
            (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)

            HAYLEE SHADDOCK
            _____
            (Typed or printed name of person signing)

            OWNER
            _____
            (Title of person signing)