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		COVER LETTER	
FO: Amendment Section Division of Corpora		i	
	CANDYMAN	KITCHENSINC.	
NAME OF CORPORA	TION: P17000013836		
DOCUMENT NUMBE		, 	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresponder	ondence concerning this ma	tter to the following:	
А	II a Zagrebelsky, Esq.	,	
z	agrebelsky Law P.A.	Name of Contact Persor	1
2	202 N. West Shore Blvd., S.	Firm/ Company uite 200	
т	ampa, FL 33607	Address	
_		City/ State and Zip Code	•
eservio	e@zagrebelskylaw.com	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further information (concerning this matter, pleas	se call:	
Alla Zagrebelsky, Esq.		813 at (579-1859
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for (he following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	dment Section	Amendment Section	
	on of Corporations		on of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle

Tallahassee, FL 32301

	Artic	des of Amendment	in a for the part	
	Articl	to es of Incorporation	· · · · · · · · · · · · · · · · · · ·	
CANDYMAN KITCI	HENS INC.	of	ı <u>.</u>	
	(Name of Corporation as	currently filed with	the Florida Dept. of State)	
P17000013836				
	(Document N	umber of Corporation	(if known)	
Pursuant to the provisions of sits Articles of Incorporation:	ection 607,1006, Florida Statu	tes, this <i>Florida Prof</i>	It Corporation adopts the following an	nendment(s) to
A. If amending name, enter	the new name of the corpora	ition:		
"Corp.," "Inc.," or Co.," or	le and contain the word "co the designation "Corp," "In nal association," or the abbre	c," or "Co". A pro	The ny," or "incorporated" or the abbre fessional corporation name must cont	e new viation ain the
B. Enter new principal offic (Principal office address <u>MU</u>	e address, if applicable: ST BE A STREET ADDRESS	<u></u>		
C. Enter new mailing addre (Mailing address MAY B)	ess, if applicable: E A POST OFFICE BOX)			
		1		
	ed agent and/or registered off l/or the new registered office		la, enter the name of the	
Name of New Registe	ered Agent			
	(F	lorida stre e t address)		
<u>New Registered Offic</u>	e Address:		, Florida(Zip Code	
		(City)	(Zip Code)
		1		
Now Donictored Anont's Sim	naturo if changing Registers	d Agent:		

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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's 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	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	1	<u>Addres</u> s		
1) Change	Р	STEPHANIE M. THIRTYACRE		15732 BOLESTA ROAD		
				CLEARWATER, FL 33760		
X Remove						
2) Changa	PTSD	DAVID H. I	KLEIN	15732 BOLESTA ROAD		
2) Change Add	•		 -	CLEARWATER, FL 33760		
Remove			İ			
3) Change			<u> </u>	-		
Add			1			
Remove						
4) Change			.			
Add						
Remove						
5) Change						
Add						
Remove						
6) Change	_					
Add						
_ Remove						

f amending or adding additional Articles, enter change(s Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
	'
	<u> </u>
_	
	-
	i
	ll si e s s i e s e s e s e s e s e s e s
f an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contains.	ined in the amendment itself:
(if not applicable, indicate N/A)	
	-
	ı
	
	<u> </u>

The date of each amendment(s) adoption:				, if other than the
ate this document was signed.				
Effective date if applicable:		1		
	(no more than 90	days after amendme	nt file date)	
Note: If the date inserted in this block does no document's effective date on the Department of		able statutory filing r	requirements, this date wi	ll not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	1		
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a		number of votes cast	for the amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting	shareholders thro group entitled to v	ough voting groups. The vote separately on the	The following statement amendment(s):	
"The number of votes cast for the amer	dment(s) was/wer	e sufficient for approv	val	
by				
(vot	ing group)			
The amendment(s) was/were adopted by the action was not required.	ooard of directors	without shareholder a	ection and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators with	out shareholder action	n and shareholder	
Dated	t. Klei	- DULY	25/2017	
Signature	d .H.	rei – if directors or of	finare have not been	
			trustee, or other court	
appointed fiduciary DAVID H. I		, 1 1		
		<u> </u>		
	Typed or printed i	name of person signin	(f)	
President				

(Title of person signing)