P17000038074

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COVER LETTER

TO: Amendment Section

Division of Corporations TO THE PARTY OF TH NAME OF CORPORATION: ____ SPARK NUTRION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **DANIEL BERES** Name of Contact Person SPARK NUTRITION INC Firm/ Company 4228 SW OAKHAVEN LN Address PALM CITY,FL 34990 City/ State and Zip Code SPARKNUTRITION87@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 2 4869192
Area Code & Daytime Telephone Number **DANIEL BERES** Name of Contact Person 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 (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation of



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

SPARK NUTRION INC

P17000038074

(Docum	ment Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corp	oration adopts the following amendme
A. If amending name, enter the new name of the co	orporation:	
SPARK NUTRITION INC		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL		Ja. J. W.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	$\mathbf{D}\mathbf{X}_{l}$	
(manag marcs) <u>mari bib ar root or riel bis</u>	<u></u>	

D. If amending the registered agent and/or register new registered agent and/or the new registered		er the name of the
Name of New Registered Agent		
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(City)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		phligations of the position.
Sign	nature of New Registered Agent, if c	hanging

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 De	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
_X Add	<u>SV</u>	Sally St	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change		_			•	
Add						
Remove	٠					
2) Change						
Add						
Remove						
3) Change						
	<u></u>	-				
Add						
Remove						
4) Change						
Add		•				
Remove						
5) Change	 					
Add						
Remove						
6) Change						
Add						
Remove						

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch	ange reclassification ar especific	ation of icensed charac
provisions for implementing the ame	ndment if not contained in the an	nendment itself:
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
-	
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 app document's effective date on the Department of State's records.	licable statutory 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. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled t	
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directo action was not required.	
The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareholder
Dated 5/4/17	
Signature Company	
(By a director, president or other of	ficer – if directors or officers have not been he hands of a receiver, trustee, or other court y)
Daniel Ber	res
(Typed or printed	name of person signing)
Presid	ent
(Title	e of person signing)