## P17000040791

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: \_ TOPADAR FOOD MART, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MOHAMMAD HOSSAIN Name of Contact Person TOPADAR FOOD MART, INC. Firm/ Company 653 E UNIVERSITY BLVD Address MELBOURNE, FL 32901 City/ State and Zip Code aminshapla@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (863 ) 812-6441

Area Code & Daytime Telephone Number MOHAMMAD HOSSAIN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** 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 Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TOPADAR FOOD MART, INC.

TOPADAR FOOD MART, INC.	Al. Chalada Ala Dia da Da	- F.C		
( <u>Name of Corporation as curren</u> P17000040791	tly filed with the Florida Dep	t. of State	)	
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	s Florida Profit Corporation a	dopts the f	ollowing amen	dment(s)
A. If amending name, enter the new name of the corporation:			The	
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corpora		the abbrevia	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A			_
				<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			_
				<u>—</u>
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		ne of the		
Name of New Registered Agent N/A	<u>ss:</u>			
Name of New Regimered Agent				
(Florida s	street address)	***		
New Registered Office Address:		_, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	r with and accept the obligation	SHOW WATER	200 III	
Signature of New	Registered Agent, if changing	TORROLL STATES	ω ω	ŗ.

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: XChange	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	<u>Addres</u> s
1) Change	VP	MOHAMMAD N KADIR	11410 WHISTLERS COVE BLVE
Add			APT 1016
X Remove			NAPLES, FL 34113
2) Change	VP	JOBEDA BEGUM	325 E UNIVERSITY BLVD
X Add			АРТ 54
Remove			MELBOURNE FL 32901-7074
3 ) Change			
Add			**************************************
Remove			
4) Change		***	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

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v	06/16/2017	
The date of each amendate this document was	dment(s) adoption:signed.	, if other than the
Effective date <u>if applic</u>	06/16/2017	
Effective date in applie	nble:  (no more than 90 days after amendment file	date)
	ed in this block does not meet the applicable statutory filing require on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendme	nt(s) ( <u>CHECK ONE</u> )	
	as/were adopted by the shareholders. The number of votes cast for thwas/were sufficient for approval.	e amendment(s)
	ras/were approved by the shareholders through voting groups. The followided for each voting group entitled to vote separately on the american	
	f votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) action was not requi	vas/were adopted by the board of directors without shareholder action red.	and shareholder
☐ The amendment(s) action was not requi	vas/were adopted by the incorporators without shareholder action and red.	shareholder
Date	June 16, 2017 1	
Sign	iture Total dae Begron	
2.5.	(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	
	JOBEDA BEGUM	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	