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Division of Corporations

Fax Number : (850)617-6380

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: (561)689-1131 Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SD FOOD MART INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: SD FOOD MART	INC.		
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	SANJOY K SAHA			
		Name of Contact Person	l .	
	SD FOOD MART INC.			
		Firm/ Company		
	3453 45TH ST			
	Address			
	VERO BEACH, FL 32967			
	·	City/ State and Zip Code	· ·	
	ALLSTATIONSFL@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
SANJOY K SAHA		at (347	de & Daytime Telephone Number	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	S43.75 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)	
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of

SD FOOD MART INC.		
(Name of Corporation as curre	ntly filed with the Florida Dep	ot. of State)
P17000066828		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	.	
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.,	A professional corporation	or the abbreviation "Corp.," mame must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		1 1
		•
		FO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Industry and the control of the cont		
		<u> </u>
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the na	ime of the
new registered agent and/or the new registered office addr	re <u>ss:</u>	
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:		_, Florida
- ·	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligation	ns of the position.
Signature of Ne	w Registered Agent, if changing	
Check if applicable		
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>\$V</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	S	_	MD DELWAR HOSAIN	3453 45TH ST
Add				VERO BEACH, FL 32967
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		<u> </u>
Add				
Remove				

mending or adding additional A ach additional sheets, if necessary)	. (Be specific)			
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		<u> </u>		
				
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		<u></u>		
f an amendment provides for an ex	change, reclassification, o	r cancellation of issu	ed shares.	
provisions for implementing the at	nend <u>ment if not contained</u>	in the amendment i	tself:	
(if not applicable, indicate N/A)				
				
 -				
				
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	03/22/2021	if other than the
The date of each amendment date this document was signed.	(0) 400	, it office rusti the
date this document was signod.	03 <i>/22/</i> 2021	
Effective date <u>if applicable</u> :	(and the OO day are an advant file data)	<u></u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this define Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(5)
must be separately provide	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	rent
	s cast for the amendment(s) was/were sufficient for approval	
by SANJOY K SAH	IA, MD DELWAR HOSSAIN	
-, <u></u>	(voting group)	
03/22 Dated	/2021	
Darco		
Signature		
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other compounted fiduciary by that fiduciary)	ı urt
	SANJOY K SAHA	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	