## P17000070324

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: YAKIN' OFF INC P17000070324 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JEFFREY OSWEILER Name of Contact Person Firm/ Company 9716 SR 52 Address HUDSON FL 34669 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727 862-3503

Area Code & Daytime Telephone Number TIM HOWELLS 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 & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

## Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation of



(Name	of Corporation as current	ly filed with the Florida Dept. of State)
YAKIN' OFF, INC.	PITIDO	00070324
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new n	ame of the corporation:	
N/A		The nev
	nation "Corp." "Inc," or	on," "company," or "incorporated" or the abbreviatio "Co". A professional corporation name must contain th
B. Enter new principal office address,	if annlicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl		N/A
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )	
B. II		
D. If amending the registered agent at new registered agent and/or the ne		
Name of New Registered Agent	JEFFREY OSWEILER	_
Name of New Registered Agent	9716 SR 52	
		rvet address)
	HUDSON	34669
New Registered Office Address:		(City) , Florida (City)
		(Σίρ Ευάε)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the obligations of the position.
		r
		261
	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.

X Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	SEC	CHRISTOPHER HIGGINBOTHAM	8129 ROYAL HART RD
XX Add			NEW PORT RICHEY FL 34653
Remove			
2) Change	TREAS	CHRISTOPHER HIGGINBOTHAM	8129 ROYAL HART ROAD
XX Add			NEW PORT RICHEY FL 34653
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del> -
Remove			

s. <u>II amendins</u> (Attach <i>addi</i>	g or adding additional A tional sheets, if necessary	rticles, enter change ). (Be specific)	(s) here:		
∛/A					
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If an ameno provisions	dment provides for an ex for implementing the ar	change, reclassificat	tion, or cancellatio tained in the amen	n of issued shares, dment itself:	
(if not	applicable, indicate N/A)		· <u>-</u> ·		
/A					
				· · · · · · ·	
					<del></del> :

The date of each amendment(s) a date this document was signed.	adoption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	Il not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	9-20-17 Julijas	
Signature	Lelles	
(By a selegi	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	<del></del>
	JEFFREY OSWEILER	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	<del></del>