Prawron

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000304080090

10/02/17--01020--029 **35.00

OCT 03 2017 S. YOUNG 17 OCT -2 PH 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: ATLANTIC	C FOOD INC
DOCUMENT NUMBER: P17000075079	
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
MORSHED PARVEZ	Z
	Name of Contact Person
ATLANTIC FOOD I	NC
	Firm/ Company
2940 N COURSE DR	R APT 503
	Address
POMPANO BEACH	
	City/ State and Zip Code
E-mail address: ((to be used for future annual report notification)
For further information concerning this matter	er, please call:
MORSHED PARVEZ	at (305) 600-7792
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing I Certificate of \$	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

4 771	ANTIC	COOD	INC
a i i	ANILE	F-()()()	12.1

ATLANTIC FOOD INC					
(Name o	of Corporation as cu	rrently fi	led with the Florida Dept. of State)		
P17000075079					
	(Document Nur	nber of Co	orporation (if known)	<u> </u>	
Pursuant to the provisions of section 607. its Articles of Incorporation:				llowing amendmen	.t(s)
A. If amending name, enter the new na	ime of the corporati	on:			
		<u> </u>		71	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,	j" or "Co	". A professional corporation name	The new the abbreviation must contain the	
B. Enter new principal office address,	if annlicable:		2940 N COURSE DR APT 503		
(Principal office address MUST BE A S			POMPANO BEACH, FL. 33069		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			2940 N COURSE DR APT 503		
			POMPANO BEACH, FL. 33069 -	17 Sec. 17	
					7]
D. If amending the registered agent an new registered agent and/or the new			in Florida, enter the name of the	-2 P	
Name of New Registered Agent	MORSHED PARV	EZ		PH 4:	_
	2940 N COURSE D	R APT 5	03)	
	(Flo	rida street	address)		
New Registered Office Address:	POMPANO BEACE	OMPANO BEACH , Florida		1069	
		(C)		(Zip Code)	
New Registered Agent's Signature, if c	hunging Decistored	A gant:			
I hereby accept the appointment as regist			h and accept the obligations of the po	sition.	
		Lun L			
<u> </u>	Simutura of	CAlone Pina	istered Agent, if changing		
	экупиште од	THER REX	ыстси адет, у спапуту		

address of each Office (Attach additional shee. Please note the officer/of P = President; V = Vica Executive Officer; CFO held. President, Treasu. Changes should be note a change, Mike Jones la Mike Jones, V as Remo	r and/or I director title Presiden of Presiden of Echief of the Echief of the Echief of the Echief of the Echief of the Echief of the Echief of the Echief of the Echief o	Director being added: sary) le by the first letter of the office title: t; T= Treasurer: S= Secretary; D= Director Financial Officer. If an officer/director hole or would be PTD. bllowing manner. Currently John Doe is liste	r; TR = Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office in as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PRES	SHARIFUL I CHOWDHURY	6129 ADRIATIC WAY
Add			GREEN ACRES, FL. 33413
X Remove			
2) Change	PRES	MORSHED PARVEZ	2940 N COURSE DR APT 503
X Add			POMPANO BEACH, FL. 33069
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			

____ Add

____ Remove

If amending or adding additional Articles, enter chang	e(s) here:
(Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
"	
	
If an amendment provides for an exchange, reclassifica	tion, or cancellation of issued shares,
provisions for implementing the amendment if not con	ntained in the amendment itself:
(if not applicable, indicate N/A)	
	1
	-

	09/27/201 <i>7</i>	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	27/2017	
Effective date in applicable.	(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this I document's effective date on the De		 plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su		 The number of votes cast for the amendment(s)
		through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/	 were sufficient for approval
by		"
<u> </u>	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators v	 without shareholder action and shareholder
09/27/2013	7	
DatedSignature	1	
(By a c		flicer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)
	SHARIFUL L CHOWDH	URY / MORSHED PARVEZ
	(Typed or print	ed name of person signing)
	PRESIDENT	
	(Ti	tle of person signing)