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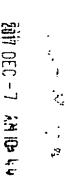
(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Addison T Food Sources Coop
DOCUMENT NUMBER: <u>P1700092781</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthory (Greas Name of Contact Person Adeant Food Services Coop Firm/ Company
Adeant Food Services Corp
Firm/ Company
213 N Dixie Hwy
Address
Lake Worth, FC 33460
City/ State and Zip Code
El mirador Ca Feteria @ gmarl. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Coreas at (SG1) 574-7739 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy 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 to Articles of Incorporation

of

HorianT tood See	Nices	Coop		Ø,
(Name of Corporati	ion as curre	ntly filed with	the Florida Dept. of State	<u>e</u>)
PITomas	18 [
(Docun	ment Number	r of Corporation	ı (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	la Statutes, th	nis <i>Florida Proj</i>	fit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the co	orporation:			
NA				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	o," "Inc," or rabbreviation <u>e:</u>	r "Co". A pro		
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registered agent and/or the new registered. 	ered office ac		da, enter the name of the	
Name of New Registered Agent				
	(Florida	street address)		
New Registered Office Address:			. Florida	
		(City)	,,	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familia	rr with and acc		osition.
Sign	rature of Nev	v Kegisterea Aş	ent, 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.

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) 1) Change Add	P	Anthony Rasqual Grans 1000 13th Ave S
Remove		33460
2) Change Add Remove	<u>·. </u>	
3) Change Add Remove	_	
4) Change Add		
Remove Change Add	<u></u>	
6) Change Add Remove		

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
NIA	
	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
NA	

The date of each amendment(s) adoption: 12 1 20 7 date this document was signed.	, if other than the
Effective date if applicable: 12/1/2017 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Anthony Coreas	
(Typed or printed name of person signing)	
Yresi8lont	
(Title of person signing)	