

P18000016413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

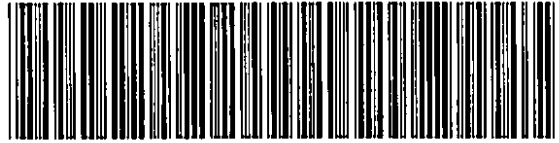
(Document Number)

Certified Copies _____

Certificates of Status ☒

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05/24/18 -01011- 025 **43.75

S TALLENT
JUN 08 2018

Handwritten signature

FILED
18 JUN -8 PM 1:48
SECRETARY OF STATE
ALABAMA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2018

ALEXEY GOLOVKOV
THE HEALTH NUT RESTAURANT GROUP INC.
715 EARL STR
DAYTONA BEACH, FL 32118

SUBJECT: THE HEALTH NUT RESTAURANT GROUP INC.
Ref. Number: P18000016413

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

THE REGISTERED AGENT CAN ONLY HAVE ONE (1) FLORIDA STREET ADDRESS.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 718A00011022

RECEIVED
18 JUN - 8 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTH NUT RESTAURANT GROUP INC

DOCUMENT NUMBER: P18000016413

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXEY GOLOVKOV

Name of Contact Person

HEALTH NUT RESTAURANT GROUP INC

Firm/ Company

715 EARL STR

Address

DAYTONA BEACH FL 32118 32118

City/ State and Zip Code

THEHEALTHNUTCAFE@OUTLOOK.COM

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

ALEXEY GOLOVKOV

at (386)

631-0658

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

☒ \$43.75 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)

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

THE HEALTH NUT RESTAURANT GROUP INC,

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000016413

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

THE SAME ADDRESS

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent PEPO TORICHELLI

(Florida street address)

New Registered Office Address: 715 EARL STR DAYTONA BEACH, Florida 32118

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>VP</u>	<u>NICK D KOULOURIS</u>	<u>6.GREY DAPPLE WAY</u>
<u>Add</u>			<u>ORMOND BEACH FL 32174</u>
<u>X Remove</u>			
2) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

I NEED REMOVE VP NICK D KOULOURIS FROM MAY INC. AND ADD SECRETARY PEPO E TORICHELLI

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)

05.21.2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

05.24.2018

Effective date if applicable: _____
(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

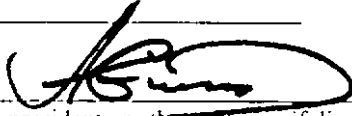
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 ALEXEY GOLOVKOV
(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.

5.21.2018
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)

ALEXEY GOLOVKOV

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)