# 018000030810

(Re	equestor's Name)	
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SECRETARY DE STATE

C. GOLDEN

JUN 1 1 2018

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Fannys	Fried Chicken Inc		
DOCUMENT NUMBER:	P180000208	10		
The enclosed Articles of Amen	dment and fee are su	ibmitted for filing.		
Please return all correspondenc	e concerning this ma	itter to the following:		
		Sonia Becerr	a	
-	Name of Contact Person			
		Firm/ Company		
	12	605 East Freeway	Suite 540	
	Address			
	Houston, Texas 77015			
		City/ State and Zip Cod	e	
•	fi	lings@swyftfilings.c	com	
E-n	nail address: (to be u	sed for future annual report	notification)	
For further information concern	- '	se call: at (877	) 777-0450	
Name of Contac			de & Daytime Telephone Number	
Enclosed is a check for the folk	owing amount made	payable to the Florida Depa	artment of State;	
	43.75 Filing Fee & ertificate 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			Address	
			lment Section on Corporations	
			Building	
			xecutive Center Circle	
		Tallahassee, FL 32301		

#### **Articles of Amendment** to Articles of Incorporation of

FILED

#### **FANNYS FRIED CHICKEN INC**

2018 JUN -8 PM 2: 13

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

P18000020810

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	nt Number of Corporation (if kno Statutes, this <i>Florida Profit Corpo</i>	
A. If amending name, enter the new name of the corp	poration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A professiona	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	PESS )	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
		<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		r the name of the
-		
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·
	(Florida street address)	
New Registered Office Address:		, Florida
1	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.		bligations 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	TRE	MICHALENOK, PHYLIS	111 E CENTRAL BLVD
Add			CAPE CANAVERAL, FL 32920
X Remove			
2) Change	TRE	Silvana Persico	111 E CENTRAL BLVD
X Add			CAPE CANAVERAL, FL 32920
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

icles, enter change(s) here: (Be specific)
······
hanna malassifiantian on aspecllation of issued shares
hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	The date of each amendment(s) adoption:, if other than t date this document was signed.	the
	Effective date if applicable:	
	Effective date if applicable:  (no more than 90 days after amendment file date)	
	<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.	the
t	Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
	☐ 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	
	(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 513+118	
	Signature Signature	
	(By 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)	
	SYLVIA BARBIERI	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	