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TALLAHASSEE FI OBIANA

JUL 1 8 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VIP BITES, INC		
DOCUMENT NUMB	P18000036953		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	JOSIMAR SALUM		
-	<del></del>	Name of Contact Persor	1
•	YOUSEPH & DANIEL, INC		
-		Firm/ Company	
•	45 WHISPERING PINE CI	RCLE	
-		Address	
,	WORCESTER, MA 01606		
-		City/ State and Zip Code	
JSALI	JM@YOUSEPHDANIEL.	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOSIMAR SALUM		774 at (	696-3714 )de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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		Amend	Address ment Section n of Corporations
	Box 6327 hassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

VIP BITES, INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000036953 (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: PAVER SEALER JAX, INC. 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) 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 (Florida street address) New Registered Office Address: , Florida (City) 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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	neş	
X Add	<u>sv</u>	Sally Sn	ni <u>th</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
l) Change		_		
Add				****
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
<b>Ad</b> d				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
PURPOSE: PAVER SEALING SERVICES AND/OR ANY OTHER LAWFULL BUSINESS		
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)		
N/A		

The date of each amendment(s) adoption: date this document was signed.	, if other than
Effective date if applicable:	(no more than 90 days after amendment file date)
	t meet the applicable statutory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHE	CCK ONE)
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendment(s) oproval.
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amend	lment(s) was/were sufficient for approval
by(voti	ng group)
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder
Dated OF Carry (	an.
	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
WELLINGT	ON M. ALCANTARA
	Typed or printed name of person signing)
PRESIDEN	Τ
	(Title of person signing)

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