P18000042866

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COVER LETTER

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION: BOOS DOCUMENT NUMBER: P 8000(Famous BBQ Inc
The enclosed Articles of Amendment and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
Bob's 5013 S Jacks bobsfan	Name of Contact Person Famous BBQ Inc. Firm/ Company Outel Dr. Address SONVILLE FL 32208 City/ State and Zip Code OUS bbg a gmail. com for future annual report notification)
For further information concerning this matter, please c	ali:
Denise Turner Name of Contact Person	at (904) 588-5391 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
Certificate of Status	2\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$\square{4}\$\$ 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of

Bob's Famous BBQ Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P18000042866
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) 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)
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 DENISC WINEY 35 3
5013 Soute Drive
New Registered Office Address: Jack Sonville, Florida 32208 (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.
Thereby accept the appointment as registered agent. I am juminar with and accept the boulgations by the position.
Almo Juner
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	PT John L	<u> </u>	
X Remove	<u>V</u> <u>Mike J</u>	lones	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	President	Brian Balcer	5013 Soute Drive
Add			Jacksonville, FL
Remove 2) Change	<u>C00</u>	Derrick Turner	32208 5013 SouteID
Add			Jacksonville, FL
Remove Change			32208
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			***************************************
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	r adding additional A nal sheets, if necessary,). (Be specific)			
					
					
					
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f an amendm	ent provides for an ex	change, reclassif	ication or cancell	lation of issued sh	19TES
provisions fo	implementing the ar	nendment if not	contained in the a	mendment itself:	
(if not ap	olicable, indicate N/A)				
		 -		· · · · · · · · · · · · · · · · · · ·	
					
					

The date of each amendment(s) adoption: _		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<u>. </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment approval.	nt(s)
	the shareholders through voting groups. The following state age group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	<u>,,</u>	
(Ve	oting group)	
selected, by an in	esident or other officer – if directors or officers have not bee acorporator – if in the hands of a receiver, trustee, or other coarry by that fiduciary)	
	Orian Balcer (Typed or printed name of person signing)	
	President	
	(Title of person signing)	