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C. GOLDEN MAR 2 8 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Personal Chef Ton	y, Inc.			
DOCUMENT NUMB	BER: P18000066035		4 44 44		
	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	Adrienne Brace, CPA				
		Name of Contact Person	n		
	Adrienne Brace, CPA, PA				
	Firm/ Company				
	120 Venetian Way, Suite 15				
	Address				
	Merritt Island, Fl 32953				
	, .	City/ State and Zip Cod	e		
For further information	E-mail address: (to be use a concerning this matter, pleas	sed for future annual report	notification)		
Adrienne brace, CPA		at (417-5544		
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	artment of State:		
S35 Filing Fee	□S43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

to

Personal Chef Tony, Inc.			2019 MAR 18 PH 6: 23
(Name of Corporation	on as currently	filed with the Florida Dept.	of State)
P18000066035			A COMPANIE
(Docum	nent Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Fl	<i>lorida Profit Corporation</i> ad	opts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,	." "Inc," or "Co	o". A professional corpora	
word "chartered," "professional association," or the c		А.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)		
D. If amending the registered agent and/or register		ss in Florida, enter the nam	e of the
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent			
	(Florida street	t address)	
New Registered Office Address:			Florida
	(C	lity)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.		th and accept the obligations	of the position.
Signa	ature of New Reg	gistered 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:		uy smun, 5r as an Ada.	
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>	Name	<u>Addres</u> s
1) Change	V	Gerardine Durso	1370 Prum Ave.
x Add			Palm Bay, Fl 32907
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Au	tach additional sheets, if necessary). (Be specific)
	·
	
lf a	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 3/1	1/19	
Signature	70-e	
(B g/ d selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Anthony Durso	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	