P 180000 89587

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04/08/19--01024--013 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MK & SA ROLLS AND TREATS CORP

DOCUMENT NUMBER: P 18000089587

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

Please return all correspondence concerning this matter to the following:

MOHAMED KHALAF, PRESIDENT

Name of Contact Person

MK & SA ROLLS AND TREATS CORP.

Firm/ Company

1640 SAND KEY ESTATES COURT

Address

CLEARWATRE BEACH, FLORIDA 33767

City/ State and Zip Code

MKSELFY@GMAIL.COM

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

For further information concerning this matter, please call:

MOHAMED KHALAF

Name of Contact Person

Area Code & Daytime Telephone Number

622 4374

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Enclosed is a check for the following amount made payable to the Florida Department of State:

🗧 \$35 Filing Fee

S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

Articles of I	ncorporation	E.
(of	and the second sec
MK & SA ROLLS AND TREATS CORP		
(Name of Corporation as curren	itly filed with the Florida Dept. of State)	
P 18000089587		and the second s
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat. "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	

N/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)

1640 SAND KEY ESTAES CT

CLEARWATER BEACH

FLORIDA 33767

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	MOHAMED KHALAF	
	1640 SAND KEY ESTATES CT, CLEARWATER BEA	CH. FLORIDA 3
	(Florida street address)	
<u>New Registered Office Address:</u>	1640 SAND KEY ESTAES CT, CLEARWATER BEAC	33767 Florida
	(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:

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X_Change	<u> PT</u>	John Doe	
<u>X</u> Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
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)



The date of each	amendment(s) ad	MARCH 20, 20		if other th
date this documer	nt was signed.	•		
Effective date if		RCH 20, 2019		
Encenire date <u>n</u>		(no more th	han 90 days after amendment file date)	
		lock does not meet the a partment of State's record	applicable statutory filing requirements, this date ds.	: will not be listed
Adoption of Am	endment(s)	(<u>CHECK ONE</u>)		
		pted by the shareholders. fficient for approval.	The number of votes cast for the amendment(s)	
			s through voting groups. The following statemen ed to vote separately on the amendment(s):	t
"The nu	nber of votes cast i		s/were sufficient for approval	
by				
		(voting group)		
action was not	required.		etors without shareholder action and shareholder without shareholder action and shareholder	
action was not		r		
	MARCH 20	0, 2019		
	Dated			
	Signature	MCl. Sect	\geq	
		rector, president or other	officer if directors or officers have not been	
			in the hands of a receiver, trustee, or other court	
	appoint	ed fiduciary by that fiduci	iary)	
		MOHAMED KHALAF		
	-	(Typed or prin	nted name of person signing)	
		PRESIDENT		
	-		Title of person signing)	<u> </u>