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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CORNER CUCIN	A, INC.		
DOCUMENT NUM	BER: P19000023286			
	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Anton Julius			
		Name of Contact Person	n	
	Corner Cucina, Inc.			
		Firm/ Company		
	6600 WEST ATLANTIC AV	/E UNIT C		
		Address		
	DELRAY BEACH, FL 3344	6		
		City/ State and Zip Cod	e	
nifl?	5@gmail.com			
	••	sed for future annual report	notification)	
	is that address, (to be a	sou for factor annual report	nonneadon,	
For further information	on concerning this matter, pleas	se call:		
Anton Julius		at (452 7680	
Name	of Contact Person	Area Co) de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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		Street Address		
Am	endment Section		Iment Section	
Div	vision of Comorations	Divisio	on of Comorations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

CORNER CUCINA, INC.			
(Name o	f Corporation as currently filed with the Florida Dept. of State)		
P19000023286	•		
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the following	g amendm	ent(s) to
A. If amending name, enter the new na	me of the corporation:		
		The ne	w
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or "incorporated" or the at ation "Corp," "Inc," or "Co". A professional corporation name must ation," or the abbreviation "P.A."	bbreviatio contain th	n e
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	<u> </u>		
C. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST			
 If amending the registered agent an new registered agent and/or the nev 	d/or registered office address in Florida, enter the name of the		
	HARRINGTON LAW ASSOCIATES, PLLC		
Name of New Registered Agent	100 0 01 11/0 11/0	-	
	100 S. OLIVE AVE	_	
	(Florida street address)		
New Registered Office Address:	WEST PALM BEACH , Florida 33401		. :
	(City) (Zip)	Code)	चुं ५
		¥ 24	됐다.
New Registered Agent's Signature, if c	hanging Degistered Agents	₽-	S. Y. E.
I hereby accept the appointment as regist	ered agent. I am familiar with and accept the obligations of the position.	PH	중있는
		ի։ 50	-: ,
		50	SKOLJ P
	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	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Antonia Julius	6600 WEST ATLANTIC AVE
Add			UNIT C
Remove			DELRAY BEACH, FL 33446
2) Change	P	Anton Julius	6600 WEST ATLANTIC AVE
Add			UNITC
Remove			DELRAY BEACH, FL 33446
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

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Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 1 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	The date of each amendment(s) adoption:	, if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 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	date this document was signed.	
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_	Antonia Julius	
(Title of person signing)	(Typed or printed name of person signing)	
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