P19000028491

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	Certificates o	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Healthful and Tasty Inc.					
OCUMENT NUMBER: P19000028491					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Dave Bingham					
Name of Contact Person					
Healthful and task I This					
Healthful and tasty Inc.					
8822 Wester and TV. Latt					
8822 WESTERNADY. torr					
Land o' Lakes, FL 34637					
Land O' Lakes, FL 34637 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
is than address. (to be used to rature amount report normeanon)					
or further information concerning this matter, please call:					
Dave Bingham at (813), 545-9132					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of	-	
Hralthful and 7		
	v filed with the Florida Dept. of Stat	<u>te</u>)
P190000 2849	1	
	Corporation (if known)	-
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		40
Health ful and Tasky Inc. mame must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or " word "chartered," "professional association," or the abbreviation"	Co". A professional corporation na	rne new or the abbreviation me must contain the
B. Enter new principal office address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	· · · ·	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NH	2019 APR 21 SECRETAL
D. If amending the registered agent and/or registered office address: Name of New Registered Agent New Registered Agent	ess in Florida, enter the name of the	MII: 28
(Florida stre	vet address)	
New Registered Office Address: NA	, Florida	
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the p	position,
Signature of New Ro	egistered 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)

Remove

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: 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>	<u>Name</u>	<u>Addres</u> s
1) Change	NIA	NIA	NIA
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· 	

ttach additional sheets, if necessary).	(Be specific)
	NIA
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1/1/
	NA
• •	

•

The date of each amendment(s) adoption:	April	17	2019	
date this document was signed.				
Effective date if applicable:	April 17	, 2	019	te)
	(no more than	90 days a	ifter amendment file da	te)
Note: If the date inserted in this block does document's effective date on the Department		icable sta	atutory filing requireme	nts, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ie numbei	r of votes cast for the ar	mendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti.				
"The number of votes cast for the an	nendment(s) was/wo	ere suffici	ent for approval	
by			. "	
(1	voting group)			
☐ The amendment(s) was/were adopted by the action was not required.	ne board of director	s without	shareholder action and	shareholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators wit	hout shar	eholder action and shar	eholder
Dated 4/17/2	2019			
Dated	Man	١		
(By a director, pr selected, by an in	esident or other off	icer – if d ne hands (lirectors or officers have of a receiver, trustee, or	
	Dave B	omoj Ne	MW.	
	(Typed or printed	name of	person signing)	
_	Preside	1+		
	(Title	of persor	n signing)	