P190000 40944

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Chapman's Country Cooking Inc DOCUMENT NUMBER: P19000040544 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara Puckett Name of Contact Person Accounting Plus Firm/ Company 2023 LSR 31 Address North Fort Myers, FLorida 33917 City/ State and Zip Code barb@accountingplustl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara Puckett Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ■\$43.75 Filing Fee & \$35 Filing Fee □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of

Chapman's Country Cooking Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P19000040544 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Chapman's Southern Cooking Inc 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 (Florida street address) New Registered Office Address: (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

Signature of New Registered Agent, if changing 3.

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: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change (Be specific)	(s) here:			
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If an amendment provides for an exchaprovisions for implementing the amen	dment if not cont	ion, or cancella ained in the an	ition of issued si iendment itself:	nares,	
(if not applicable, indicate N/A)					
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	5/20/2019	
The date of each amendment(s) a	adoption:	_, if other than
date this document was signed.		
5/2 Effective date <u>if applicable:</u>	0/2019	
шисти часе <u>паруженок</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach 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	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action and shareholder	
5/20/2019 Dated		
Signature	att Chapa SR	
(By a conscient of the conscience of the conscie	firector, president or other efficer – if directors or officers have not been ind, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	Anthony Chapman Sr.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	