## P200000 31948

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: 448 AND Eggs document number: 20000031948The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SAMSON WILLIAMS
Name of Contact Person A-yes And Eggs Coxp Address

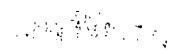
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City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAMSON WILL, and at (954) 303-6770

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: \$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



AXES AND Eggs	CORD 2020 HAY -8 AM 8: 57
	tly filed with the Florida Dept. of State)
P 20000031948	of Corporation (if known)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
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.	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen 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
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	<u>PT</u> <u>Johr</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>600</u>	MNASON Williams	10142 NW 50 th 58 Surgise FL 3335,
Add Remove			Surgise FL 3335,
2) Change			
Add			<del> </del>
Remove Change			
Add			
Remove			<u></u>
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			·
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Remove			

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an amendment provides for an exc	hange, reclassification, or cancellation of iss	ued shares,
provisions for implementing the am-	hange, reclassification, or cancellation of issendment if not contained in the amendment	ued shares, itself:
an amendment provides for an exe provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issendment if not contained in the amendment	ued shares, itself:
provisions for implementing the am-	hange, reclassification, or cancellation of issendment if not contained in the amendment	ued shares, itself:
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The date of each amendment(s) ac	Joption: 5/1/20	, if other than th
date this document was signed.	/ /	
Effective date if applicable:	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	e date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requir partment of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for to flicient for approval.	he amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	1. / 2. g. / /	
selected	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, truste led fiduciary by that fiduciary)	have not been ee, or other court
	Samson Williams	
	(Typed or printed name of person signing)	
	(FO	

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