P20 000075832

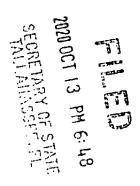
(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
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11/9/20



COVER LETTER

Division of Corporations Feel Good Donuts 1, Inc. NAME OF CORPORATION: P20000075832 DOCUMENT NUMBER: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alisa Cooper Name of Contact Person Feel Good Donuts 1, Inc. Firm/ Company 2443 South Hiawassee Road, Suite 175 Address Orlando, FL 32835 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alisa Cooper 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 □\$43.75 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

	Feel Good Donuts 1,	i nc.	2020 OCT 13	3 PM 6: 48
(Name of Co	rporation as currently	filed with the Florida	Dept. of State)	
	P20000075832		SECRETAR TALL 6HE	Y OF STATE
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporatio	on adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name	of the corporation:			
	_			
	1.0 0.0			The new
name must be distinguishable and contain the v "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or t	" "Inc," or "Co". A			
B. Enter new principal office address, if ap	nlicable:			
(Principal office address MUST BE A STRE				
				
		· · ·		
C. Enter new mailing address, if applicabl				
(Mailing address <u>MAY BE A POST OFF</u>	ICE BOX)			
			<u> </u>	
D. If amending the registered agent and/or	registered office addre	ess in Florida, enter the	name of the	
new registered agent and/or the new reg		so in Fiorida, enter the	name or the	
Y CY D I LA	Alisa Cooper			
Name of New Registered Agent	-			
	446 Songbird Wa	<u> </u>		
	(Florida stre	et address)		
New Registered Office Address:	Apopka		, Florida	32712
	(City)	,	(Zip Code)
New Registered Agent's Signature, if chang	ing Registered Agent:			
hereby accept the appointment as registered		ith and accept the obliga	tions of the pos	sition.
~ <i>v</i>	^			
(\mathcal{H})	ling lamp			
(\(\)	WW CULLY			
•	Signature of New Reg	gistered Agent, if changi	ng	

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)

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>	John Doe	
X Remove	\underline{V}	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	P	Darius Gilanfar	2443 South Hiawassec Road
Add			Orlando, FL 32835
x Remove			
2) Change	P	Alisa Cooper	446 Songbird Way
X Add			Apopka, FL 32712
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			_
Add			
Pamaya			

.ttach additional sheets, if necessary).	(Be specific)
	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	_

.

	October 5, 2020	
The date of each amendment(s) ado date this document was signed.		if other than the
Effective date if applicable:	October 5, 2020	
	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this blo document's effective date on the Dep	eck does not meet the applicable statutory filing requiartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for icient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The fact woting group entitled to vote separately on the ame	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	ctober 5, 2020	
Signature	ector, president or other officer – if directors or officers	s huya nat baan
selected,	by an incorporator – if in the hands of a receiver, trust d fiduciary by that fiduciary)	
	Alisa Cooper	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)