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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: OUR DAILY BR	EAD DISTRIBUTING INC			
DOCUMENT NUN	031000011113				
The enclosed Article	s of Amendment and fee are si	abmitted for filing.	· · · · · · · · · · · · · · · · · · ·		
Please return all corr	espondence concerning this ma	atter to the following:			
	Processing Dept.				
		Name of Contact Perso	n		
	MyCorporation Business Services, Inc.				
		Firm/ Company			
	26025 Mureau Road Suite 13	20			
		Address			
	Calabasas, CA 91302				
		City/ State and Zip Cod	e		
	E-mail address: (to be u	sed for future annual report	notification)		
	,	and the second second	. notification)		
For further information	on concerning this matter, plea	se call·			
	<u></u>				
		at ()		
Name	of Contact Person	Area Co)		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

OUR DAILY BREAD DISTRIBUTING INC

(Name of Corporation as currently filed with the Florida Dept, of State)

P21000044142

nt(s) to

(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen	
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 professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	626 Hillcrest Dr.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Davenport, FL 33897	
C. Enter may mailing address if annliables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	626 Hillcrest Dr.	
	Davenport, FL 33897	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:		
	(City) (Zıp Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		
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)

Add

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 <u>X</u> Add \underline{SV} Sally Smith Type of Action <u>Title</u> **Name** Address (Check One) 1) ____ Change ___ Add Remove 2) ____ Change Add Remove 3) Change __ Add Remove 4) ____ Change ___ Add Remove 5) ____ Change __ Add Remove 6) Change

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
<u></u>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
,	

.

The date of each amendment(s) ad fate this document was signed.	option:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without sharehold	der action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amen ficient for approval.	dment(s)
The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(statement x):
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
selected.	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth d fiduciary by that fiduciary)	t been er court
i	Russell Icenhour Jr	
_	(Typed or printed name of person signing)	
Ţ	President	
_	(Title of person signing)	