

P21000090490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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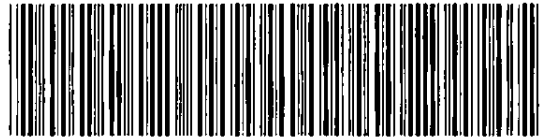
(Business Entity Name)

(Document Number)

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2024 SEP 19 PM 12:34

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Ronnie's Wings INC. DBA/Roger That Wing s& Ming:  
DOCUMENT NUMBER: P21000090492

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mallorie D Cooper

Name of Contact Person

Ronnie's Wings INC.

Firm/ Company

233 Walnut St.

Address

Green Cove Springs FL 32043

City/ State and Zip Code

RWings2224@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mallorie D Cooper

Name of Contact Person

at (904) 810-8323

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 &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

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

Street Address

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

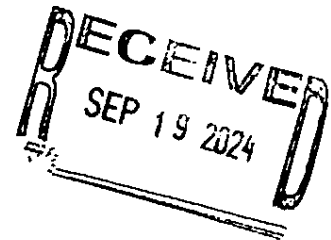


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2024

MALLORIE D. COOPER  
232 WALNUT ST  
GREEN COVE SPRINGS, FL 32043

SUBJECT: RONNIE'S WINGS INC  
Ref. Number: P21000090492



We have received your document for RONNIE'S WINGS INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers  
Regulatory Specialist III

Letter Number: 924A00018852

Articles of Amendment  
to  
Articles of Incorporation  
of

Bonnie's Wings Inc.

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

P21000090492

(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:**

Roger That Wings & Things INC. The new 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)

Florida

(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 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)

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

VP

Nathan Alan Dippy

7900 Baymeadows

☐ Add

Circle E Apt 410

☒ Remove

Jacksonville, FL, 32256

2) ☒ Change

P

Mallorie D Cooper

4069 Rich Rd

☐ Add

Green Cove Springs

FL, 32043

3) ☒ Change

TS

Mallorie D Cooper

4069 Rich Rd

☐ Add

Green Cove Springs

FL, 32043

4) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

Parties divorced 7/25/24. I, Mallorie D Cooper have changed my name back to my birth-name from Mallorie Cooper Dippy. I wish to change that. As well as I am now 100% owner of Ronnie's wings INC. I wish to remove Nathan Dippy.

I also wish to change my entity name from Ronnie's wings INC. to Roger That Wings & Things INC.

I hope that this is sufficient information. I look forward to further correspondence. - Mallorie D Cooper

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 8/15/24, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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)

Dated \_\_\_\_\_

Signature Mallorie D Cooper  
(By a director, president or other officer & if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mallorie D Cooper  
(Typed or printed name of person signing)

President  
(Title of person signing)

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Ronnie's Wings Inc.

DOCUMENT NUMBER: P21000090492

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Rwings2224@gmail.com  
E-mail address: (to be used for future annual report notification)

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Mallorie D Cooper at (904) , 810-8323  
Name of Contact Person Area Code & Daytime Telephone Number

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- |                                          |                                                                        |                                                                                                     |                                                                                                                                       |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

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