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(((H22000310405 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: AVA FINANCIAL CONSULTANTS INC

Phone

Account Number: I20170000094 : (954)842-1979

Fax Number : (954)905-4315

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN **EAT & FEED INC**

Certificate of Status	0
Certified Copy	0
Page Count	08
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September 8, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AVA FINANCIAL CONSULTANTS INC

SUBJECT: EAT & FEED INC

REF: W22000113711

Resending with correct Document#

We have received your document for EAT & FEED INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOCUMENT HAS BEEN FILED ON 01/25/22 ASIGN NUMBER P22000004597,

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) 245-6052.

Hyacinth LeBlanc Regulatory Specialist II FAX Aud. #: H22000308512 Letter Number: 222A00019947



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation

EAT & FEED INC

Filling Information

Document Number

P22000004597 (Ox let No.

FEVEIN Number

NONE

Date Filed

01/25/2022

Effective Date

01/20/2022

State

FL

Status

ACTIVE

Principal Address

1904 S. PATRICK DR

INDIAN HARBOR BEACH, FL 32937

Malling Address

1252 NW 117TH AVE

CORAL SPRINGS, FL 33071

Registered Agent Name & Address

DAS, SRIBAS

1252 NW 117TH AVE

CORAL SPRINGS, FL 33071

Officer/Director Detail

Name & Address

Title PDTS

DAS, SRIBAS

1252 NW 117TH AVE

CORAL SPRINGS, FL 33071

Annual Reports

No Annual Reports Filed

Document Images

01/25/2022 -- Domestic Profit

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COVERLETTER 7220003104053

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: EAT & FEED IN	c				
	BER: P22000004597		·			
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	·			
Please return all corre	spondence concerning this ma	atter to the following:				
	BRIAN D. EATON					
		Name of Contact Perso				
	EAT & FEED INC					
•		Firm/ Company				
	1904 S. PATRICK DR					
		Address				
	INDIAN HARBOR BEACH	I, FL 32937				
		City/ State and Zip Cod	c			
	JRS.SALES21@GMAIL.CO	ЭМ				
	E-mail address: (to be u	sed for future annual report	notification)			
For further informatio	n concerning this matter, plea	se call:				
BRIAN D. EATON	· 	at (954	889-4593			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:			
■ \$35 Filing Fee	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tellahagane				

Articles of Amendment Articles of Incorporation EAT & FEED INC (Name of Corporation as currently filed with the Florida Dept. of State) P22000004597 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 1904 S. PATRICK DR (Mailing address MAY BE A POST OFFICE BOX INDIAN HARBOR BEACH, FL 32937 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: BRIAN D. EATON Name of New Registered Agent 1904 S. PATRICK DR. (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

INDIAN HARBOR BEACH

Brian D. Exton

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.

Address of each Office (Attach additional she Please note the officer P = President; V = Vic Executive Officer; CFO President, Treasurer, I Changes should be not a change, Mike Jones	er aud/or I ets, if neces /director ti ce Presiden O = Chief F Director wa ted in the fo	Director being added: sary) le by the first letter of the office it; T= Treasurer; S= Secretary; linancial Officer. If an officer/divided be PTD. llowing manner. Currently Johnstorporation, Sally Smith is named	122000 2 ville: D= Director; TR= Tr rector holds more than to Doe is listed as the i	director being removed and title, name, and HO4053 Fustee; C = Chairman or Clerk; CEO = Chief to one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example:		lly Smith, SV as an Add	•	
X Change	PT	John Doe	•	
X Remove	<u>V</u>	Mike Jones	•	
_X Add	<u>SV</u> .	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
l) Change	PDTS	BRIAN D. EATON	·	906 SPRUCE STREET
X Add	•			BAREFOOT BAY, FL 32976-7324
Remove		:	•	
2) X Change	MGR	SRIBAS DAS	. :	1252 NW 117TH AVE
Add			· · ·	CORAL SPRINGS, FL 33071
Remove 3) Change			:	
Add			· .	
,-		, 13-		
Remove				
4) Change		-		
Add				
Remove				
5) Change				
Add				
Remove	•			
6) Change				
Add	•			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	····		516
N/A		H22000310	4053	
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If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or	cancellation of issued sha	<u>188</u> 1	
(if not applicable, indicate N/A)	noment it not contained	in the amendment itself:		
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	ach amendment	SEPTEMBER 7, (s) adoption:	, 2022			if	other than the
•	ment was signed.			H2200	70:3104		6/6
Effective date	e <u>if applicable</u> :	(no more that	n 90 days afte	r. amendment fi			
Note: If the document's ef	date inserted in the	nis block does not meet the appet because the properties of State's records	plicable statur s:	eory filing requi	rements, this d	ate will not b	e listed as the
Adoption of A	Amendment(s)	(CHECK ONE)					•
The amend action was	ment(s) was/were not required.	adopted by the incorporators, o	or board of di	rectors without	shareholder act	ion and share	nold er
		adopted by the shareholders. (e sufficient for approval.	The number o	f votes cast for	the amendment	(s)	
☐ The amend must be se	ment(s) was/were parately provided	approved by the shareholders to for each voting group entitled	through voting to vote separ	g groups. The fortely on the ame	ollowing staten indment(s):	ent	
"The	number of votes of	east for the amendment(s) was/	were sufficien	t for approval			
	SEPTE	(voting group) MBER 7, 2022					
	Dated	Brion D. E		· · · · · · · · · · · · · · · · · · ·			
	. (By	a director, president or other of cted, by an incorporator – if in ointed fiduciary by that fiducian	fficer – if dire	ctors or officers i receiver, truste	have not been e, or other cou	rt .	
-		BRIAN D. EATON					
		(Typed or printe	d name of per	son signing)	 		
•	· · · .	PRESIDENT					
•	,	(Title of person	signing)	,	 -		•