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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

. 1

NAME OF CORPOR	RATION: THE SANDWICH	FACTORY CORP	
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ROBERT K. CLARK		
		Name of Contact Persor	1
	THE SANDWICH FACTORY CORP		
	Firm/ Company		
	3049 SATINLEAF LN		
	Address		
	PORT SAINT LUCIE, FL 34952		
		City/ State and Zip Code	-
	bevybam@aol.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ROBERT K. CLARK		772 at (	708-8604 
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	irtment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## **Articles of Amendment** to Articles of Incorporation $\mathbf{of}$

FILED

THE SANDWICH FACTORY CORP		102 JUL -7 an a so	
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	
P22000029965		SECRETARY OF STATE TALLAHASSEE, FL	
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co"	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "	
B. Enter new principal office address, if applicable:		3049 SATINLEAF LN	
(Principal office address MUST BE A S		PORT SAINT LUCIE, FL 34952	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		3049 SATINLEAF LN	
manny districts street beauty seen	<u> </u>	PORT SAINT LUCIE, FL 34952	
D. If amending the registered agent an new registered agent and/or the new			
new registered agent and/or the nev	ROBERT K. CLARK	<u></u>	
Name of New Registered Agent ROBERT K. CLARK		-	
	3049 SATINLEAF LN		
	(Florida st	reet address)	
New Registered Office Address:	PORT SAINT LUCIE	. Florida 34952 (City) (Zip Code)	

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	WILLIAM ROSQUETE +	4760 NW 3 CT
Add			PLANTATION, FL 33317
X Remove			
2) Change	CEO	ROBERT K. CLARK	3049 SATINLEAF LN
X Add			PORT SAINT LUCIE, FL 34952
Remove 3 ) Change	V	JANET MARIE FAVALE	529 HEMINGWAY TERRACE
X Add			FORT PIERCE, FL 34982
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			····
6) Change			
Add			
Remove			

-	(Be specific)
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	doption:	, 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 bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmentificient for approval.	n(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,··	
	(voting group)	
selecte	irector, president or other officer – if directors or officers have not beed by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Robert K. Clark  (Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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