## 23000075127

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	· <del>-</del>
Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Snack	Route Distribution Inc
DOCUMENT NUMBER: ¥230000	75127
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
James C	Ford
Snack Rais	Name of Contact Person  Name of Contact Person  TO VISTO DATO  Firm/ Company
1914 Wax	St
Tollalana	Address
<u> </u>	City/ State and Zip Code
E-mail address: (to be us	ein la grain (om sed for future annual report notification)
For further information concerning this matter, plea	se call:
James C. Ford	at ( <u>850</u> ) 556 - 07361 Area Code & Daytime Telephone Number
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  \text{\$\subseteq} \$\\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 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

## Articles of Amendment to

Articles of Incorporation

of [ ]
Smilk Route Distribution Inc
(Name of Corporation as currently filed with the Florida Dept. of State) 11 4: 32
P23/2000 75 127
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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  1914 WCW 5+  (Florida street address)
New Registered Office Address: 1914 (BSEC , Florida 52310 (City) (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:

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)	Title	<u>Name</u>	<u>Addr<b>e</b>s</u> s
l) Change	<u>v</u>	MYEISHA Q HENRY	4260 WEATHERBY CT
Add X Remove			TALLAHASSEE, FL 32305
2) Change	<u>v</u>	CHRIS FORD	11427 MOCCASIN GAP RD
X Add			TALLAHASSEE, FL 32309
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
δ) Change			
Add			
Remove			

	dding additional Arti sheets, if necessary).	(Be specific)			
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	<u>,                                    </u>			•	
		<del></del>		<del></del>	
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lf an amendment	provides for an excl	ange, reclassificat	ion, or cancellation	of issued shares,	
provisions for in	nplementing the ame	ndment if not con	tained in the amend	ment itself:	
(if not applic	cable, indicate N/A)				
G TERRITO					<del></del>
G					
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4 ,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $\frac{2/19/2023}{(no more than 90 days after amendment file date)}$	
(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, 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 sharehold action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
bv ."	
by"  (voting group)	
Signature  (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
Tames C Fold (Typed or printed name of person signing)	
President/ Registored Age (Title of person signing)	ent