

P96000045038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

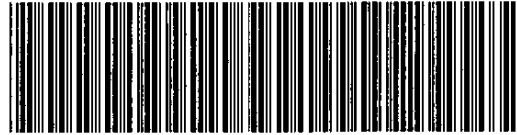
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -8 AM 10:54

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nc

FEB - 8 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: International Bakery Systems, Inc.
DOCUMENT NUMBER: P 96000045038

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

Please return all correspondence concerning this matter to the following:

Skerr

Name of Contact Person

Firm/ Company

PO BOX 1101

Address

Lehigh Acres, FL 33970

City/ State and Zip Code

fibc skerr@aol.com

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

For further information concerning this matter, please call:

Skerr

Name of Contact Person

at (239) 994 2226

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

enclosed)

☐ \$43.75 Filing Fee &
Certified Copy

(Additional copy is

(Additional Copy

☐ \$52.50 Filing Fee
Certificate of Status

Certified Copy

is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

12 JAN 18 AM 10:04

TALLAHASSEE, FLORIDA

Karl M. Sterr
International Bakery Systems, Inc.
P.O.Box 1101
Lehigh Acres, FL 33970

Florida Department of State
Division of Corporations
To: Mrs. Thelma Lewis
P.O.Box 6327
Tallahassee, FL 32314

February 6, 2012

SUBJECT: International Bakery Systems, Inc.
Ref. Number: P96000045038

Dear Mrs. Lewis:

Thank you for calling me about the new name IBS. You told me it is not possible to get this name.

Please change the name in: **IB-System**

Thank you for your help.

Kindest regards,


Karl M. Sterr

RECEIVED

12 FEB -8 AM 7:10

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2012

KARL M. STERR
INTERNATIONAL BAKERY SYSTEMS, INC.
P. O. BOX 1101
LEHIGH ACRES, FL 33970

SUBJECT: INTERNATIONAL BAKERY SYSTEMS, INC.
Ref. Number: P96000045038

We have received your document for INTERNATIONAL BAKERY SYSTEMS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

Your corporate name is unavailable. Chapter 607.0401(4), Florida Statutes states, corporate names "must be distinguishable from the names of all other entities or filings organized or registered under the laws of this state, which names are on file with the Division."

The document number of the name conflict is T05000000112 - IBS A FLORIDA TRADEMARK.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 212A00001285

RECEIVED
12 FEB -3 AM 9:07
TALLAHASSEE, FL 32314

www.sunbiz.org

Articles of Amendment
to
Articles of Incorporation
of

International Bakery Systems, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P 96000045038

(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:

IB-System Corp.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -8 AM 10:54

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[This section is crossed out with a large diagonal line.]

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)

[This section is crossed out with a large diagonal line.]

The date of each amendment(s) adoption: 01. 01. 2012

Effective date if applicable: 01. 01. 2012
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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.

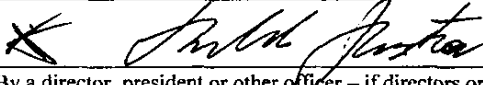
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):


"The number of votes cast for the amendment(s) was/were sufficient for approval


by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 01. 01. 2012
Signature 
(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)

 KOHL GUSTAV
(Typed or printed name of person signing)

 PRESIDENT
(Title of person signing)