# P96000102482

1 10		
Safari Fo	estor's Name	
12801 W.S.	Address #227	
Sunvise F City/State/Zi	L 33323 Phone # (954) 845-9400 Office Use Only	-
	AME(S) & DOCUMENT NUMBER(S), (if known):	
1(Corpo	ation Name) (Document #)	: <u>*</u>
2(Corpo	ation Name) (Document #)	
3(Corno	ation Name) (Document #)	<b>.</b>
4	7 a 9	
☐ Walk in	Pick up time Certified Copy	
<u></u>	Pick up time Certified Copy  Will wait Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
Annual Report Fictitious Name Name Reservation	Merger	
	Byaminer's Initials	-



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 11, 1999

SAFARI FOOD CORP. 12801 W. Sunrise Blvd., #227 Sunrise, FL 33323

SUBJECT: FAMILY CHICKEN IV, INC.

Ref. Number: P96000102482

We have received your document for FAMILY CHICKEN IV, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill in the date of adoption.

The name and title of the person signing the document must be noted beneath or opposite the signature.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6910.

Letter Number: 599A00031575

Louise Flemming-Jackson Corporate Specialist Supervisor

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 25, 1999

SAFARI FOOD CORP. 12801 W. Sunrise Blvd., #227 Sunrise, FL 33323

SUBJECT: FAMILY CHICKEN IV, INC.

Ref. Number: P96000102482

We have received your document for FAMILY CHICKEN IV, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 487-6910.

Letter Number: 299A00033935

Louise Flemming-Jackson Corporate Specialist Supervisor

# ARTICLES OF AMENDMENT

### TO "

# FILED

## ARTICLES OF INCORPORATION OF

99 JUL -6 AM 10: 10

SECRETARY OF STATE

						TAL	LAHAS	SEE, FLORIDA
		FAMILY	CHIC	KEN	W	INC		
Pursuani the follow	t to the provision wing articles of		7.1006, FI	orida Sta	itutes,	this Florida		corporation adopt
FIRST:	Amendment(s)	adopted: (indic	ate article	number(s	) bein	g amended,	added	or deleted)
	NAME	CHANGE	TO:	SAFA	429	Foud	ίV	Corp.
			<b>,</b> .					
		ment provides for						
THIRD: 7	The date of eac	h amendment's a	adoption: _	······································	1/1	199		·
OURTH	: Adoption of	Amendment(s)	(CHECK ON	E)				
( <u>a</u>	The amendm	ent(s) was/were	approved l	by the sha	arehol	ders. The nu	ımber (	of votes cast

for the amendment(s) was/were sufficient for approval.

. To	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 eparately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval by
	voting group
<b>□</b>	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
<b>Q</b>	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
a:_	Signed this 15 day of APRIL , 19 99
Sig	(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)
	OR
	(By a director if adopted by the directors)
	OR
	(By an incorporator if adopted by the incorporators)
	Typed or printed name
	VICE-PRESIDENT OPERATIONS