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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARIO AND SECRETARIO SECRETA

JAN 2 1 2015 C. CARROTHERS

TO: Amendment Section'

Division of Corpo	rations		
NAME OF CORPOR	ATION: TODIN	S BEVERAG	E Equipment, Inc
DOCUMENT NUMB	~ ~	00016654	
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
-	ROBERT	T. STEPhE Name of Contact Person	. <u>N S</u>
-	Tobin's	BEVERAGE S Firm/Company	Equipment, INC.
-	7029-11	CommonwEAL Address	th AVE.
-	JACKSONU	City/ State and Zip Cod	82220
	TobiNS 2 6 E-mail address: (to be us	Comcast, No sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
Chery L Name o	TobiN f Contact Person	at ($\mathcal{G} \circ \mathcal{Y}$ Area Co	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
	ing Address		Address
	ndment Section sion of Corporations		Iment Section on of Corporations
	Box 6327		Building
	hassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TODIN'S BEVERAGE EQ	WIDMENT, INC. FE =	
(Name of Corporation as currently filed with the	Florida Dept. of State)	
P97000016654		
(Document Number of Corporation ((if known)	eng.
Description of the company of the control of the company of the co	in the second se	4 4
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendme	int(s) to
its Articles of incorporation.	<u> </u>	
A. If amending name, enter the new name of the corporation:	ه المراجعة	
0110		
name must be distinguishable and contain the word "corporation	On " "company" or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	7029-11 Commonwealth Aus	₽
(Principal office address MUST BE A STREET ADDRESS)		- '
	JO29-11 Commonwealth Aus Jacksonville, FL 32220	
	•	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	7029-11 Commonwealth AVS	,
	JACKSONVILLE, FL 32220	
	sharson ine ji e eas	
TD - TR 35 41	:- El J	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
	PALE.	
Name of New Registered Agent N		
1		
(Florida si	treet address)	
New Registered Office Address: (City	, Florida y) (Zip Code)	
(City	, (Exp code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar		
, , ,,		
Cianatana a CAV - D	I A a mark if a la marina	
Signature of New Registered	Agent, ij Changing	

' 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	PT Joh	n Doe	
X Remove	V Mik	<u>se Jones</u>	
X Add	SV Sali	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	LARRY J. Tobin	Jacksonville, FZ 32220
2) Change Add Remove	PST	ROBERT T. STEPHENS	10701 OLD PLANT Rd JACKSONVILLE, FZ 32220
Change Add Remove	<u>VST</u>	Cheryl D. Tobin	JACKSONVILLE, FL 32220
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach <i>ad</i>	<mark>ng or adding additiona</mark> ditional sheets, if necesso	articles, enter ch ary). (Be specific	ange(s) nere:)		
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an ame	ndment provides for an is for implementing the	exchange, reclass	itication, or cance	llation of issued shar	<u>es,</u>
if no	ot applicable, indicate N	/A)	contained in the	amenument usen.	
	110	,			
	J / #				
	,				

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: SANWARY 1 2015 (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite 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 January 9, 2015 Signature CA Po Tol	
Signature Charles	<u> </u>
(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)	
Chery L O. Tobin (Typed or printed name of person signing)	
' (Typed or printed name of person signing)	
<u>VS7</u>	_
(Title of person signing)	

<u>.</u>