Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002683363)))



H410000693363ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.

Account Number : I20110000056 Phone : (305)823-9292 Fax Number : (305)824-0703

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email

Address: ATCGIQ Yahoo. Com

# COR AMND/RESTATE/CORRECT OR O/D RESIGN KRYSTAL RESTAURANT-CAFE, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Myrosori /

#### H110002683363

Articles of Amendment to Articles of Incorporation of

### KRYSTAL RESTAURANT-CAFE, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

## P99000068343

(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:

"incorporated" or the abbreviation "Corp "Co". A professional corporation n association," or the abbreviation "P.A."		"Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STR		Comments of the comments of th
	<u></u>	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/onew registered agent and/or the new r		nter the name of the
Name of New Registered Agent:	YAILIN Y BELLO	
	3804 WEST 12TH AVE	
New Registered Office Address:	3804 WEST 12TH AVE (Florida street address)	
New Registered Office Address:		, Florida 33012
New Registered Office Address:	(Florida street address)	Florida 33012 (Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.	(Florida street address)  HIALEAH  (City)  nging Registered Agent:	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registe	(Florida street address)  HIALEAH (City)  aging Registered Agent: ered agent. I am familiar with and acc	(Zip Code) ept the obligations of the
New Registered Agent's Signature, if chan I hereby accept the appointment as registe	(Florida street address)  HIALEAH  (City)  nging Registered Agent:	(Zip Code) ept the obligations of the

2)\_\_\_\_

3)\_\_\_\_

#### . H110002683363

If AMENDAIG the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Title(s) Name Address BELLO, YOLANDA Y 3804 WEST 12TH AVE 1)P, D HIALEAH FL 30012 2)\_\_\_\_ If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name: Title(s) <u>Name</u> OSECHAS, OVIDIO A 1)P, D 4)\_\_\_\_ 5)\_\_\_\_

6)\_\_\_\_

### H110002683363

ttach additional sheets, if necessary	). (Be specific)	
		*
<del></del>		. <del></del>
		<del></del> .
		·
** <u> </u>		
<del></del>		<del></del>
	·	
an amendment provides for an ovisions for implementing the a	exchange, reclassification, or cancellation of issued mendment if not contained in the amendment itse	l shares, U:
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)	exchange, reclassification, or cancellation of issued mendment if not contained in the amendment itse	l shares, If:
an amendment provides for an ovisions for implementing the so (if not applicable, indicate N/A)	exchange, reclassification, or cancellation of issued mendment if not contained in the amendment itse	l shares, lf:
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)		l shares, lf:
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)		l shares, lf:
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)		l shares,
an amendment provides for an ovisions for implementing the solution (if not applicable, indicate N/A)		l shares, lf:
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)		l shares, lf:
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)		l shares,
an amendment provides for an ovisions for implementing the so (if not applicable, indicate N/A)		l shares, lf:
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)		l shares,
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)		l shares,
an amendment provides for an ovisions for implementing the a (if not applicable, indicate N/A)		l shares, lf:

## H110002683363

The date of each sinendment	(s) adoption: 11/1	1/2011	
Effective date <u>if applicable</u> :	11/11/2011	(date of adoption - requi	red)
	(no more than 90 day	vs after amendment file do	ate)
Adoption of Amendment(s)	(CHECK	<u>CONE</u> )	•
The amendment(s) was/we by the shareholders was/we			votes cast for the amendment(s)
The amendment(s) was/we must be separately provide			groups. The following statement ely on the amendment(s):
"The number of votes	cast for the amendmen	nt(s) was/were sufficient f	or approval
by	(voting group)		
The amendment(s) was/well action was not required.	re adopted by the board	d of directors without sha	reholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incor	porators without sharehol	lder action and shareholder
Dated 11/	10/2011		:
Signature_*	1 120	ip	
sele		or – if in the hands of a re	ors or officers have not been ecciver, trustee, or other court
	YAILIN Y BEL	LO	<u>_</u>
	(Typed o	or printed name of person	signing)
	P	PRESIDENT	·
	T	itle of person signing)	

Page 4 of 4