2001 UNIFORM BUSINESS REPORT (UBR)

Amendment

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 23 PM 3:42
Amended

DOCUMENT # V11450

1. Entity Name
Hot Diggidy Dogs Inc

Principal Place of Business / Mailing Address
Hot DiGGidy Dogs Inc
P.O. Box 645 % Jeff Clay
Goulds, Fl. 33170

2. Principal Place of Business		3. Mailing Address	
Same		Same	
Suite, Apt. #, etc. Same		Suite, Apt. #, etc. Same	
City & State Miami FlA		City & State	
Zip 33170	Country Dade	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0361003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jeff Clay 9011 SW 189 Street Miami Florida 33157	Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 8/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sherri Clay Pres 9011 SW 189 street Miami, Fl. 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jeff Clay 9011 SW 189 street Miami, Fl 33157 Sec-Tres ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004563451 -08/30/01--01002--025 *****62.50 *****62.50
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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sherri Clay 8/16/01 305-2593696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #