POLOCOPIOLOY

(Requestor's Name)
(Address)
, .
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200321077062

11/26/18--01019--029 **35.00

CRETAN) OF STAT LAHASSEE, FLORI

DEC 04 2018 S. YOUNG

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: $A-1$	Restaurant Supply 4 Equipment, Inc
DOCUMENT NUMBER: <u>P06</u>	000151064
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Judi A-1 2789 BRU CK E-mail address	Restaurant Supply & Egt Firm/ Company 8 Eastwood Drive Address 4CeVille FL 32009 City/ State and Zip Code 14803 @ gmail. Com ss: (to be used for future aimual report notification)
For further information concerning this n	natter, please call:
Carolyn Kresm Name of Contact Person	ery at (904) 545-9441 Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

A-1 Restaurant Supply 4 E	-quipment, Inc.
	y tiled with the Fiorida Dept. of State)
706000151064	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	The new
name must be distinguishable and contain the word "corporatio" "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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2788 Eastwood Dr. Bryceville, FL 32009
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2788 Eastwood Dr. Bryceville, FL 32009
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>s:</u>
<u> </u>	TRESMERY Twood Drive
New Registered Office Address: BRYCENILLE	(City) Florida 32009 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar N \[\lambda \]	
Signature of New I	Registered Agent, if 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	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		Jennifer C. Hargra	ves 4507 French St. Jax, FL 32205
Add Remove				JAX, FL 35205
2) Change	VP of S	ales	Leslie A. Kresmery	2403 Glen Gardner D JAX, FL 32246
Add Remove				
3) Change				
Add				
4) Change		_		
Add				
5) Change				
Remove				
6) Change		<u> </u>		
Add Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary). N/A	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	

The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	, it other than the
Effective date if applicable: 11/20/2018	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	.(8)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11 20/2018	
Signature <u>Judith Chresmery</u> (By a director, president or other officer - if directors or officers have not been	
(By) 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 co	
appointed fiduciary by that fiduciary)	
Judith C. Kresmery (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	