P13000082225

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Duning on Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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04/09/14-04019--016 **43.75

06/13/14--01025--002 **43.75

14 JUN -6 PH 4: 36

COVER LETTER	<i>j.</i>
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Shirley 5 Southern K DOCUMENT NUMBER: \$\frac{P1300082225}{}	itchen, Corp.
The enclosed Articles of Amendment and fee are submitted for filing,	
Please return all correspondence concerning this matter to the following:	
Shirley to Man Name of Contact Person Shirley's Southern Kitch Firm/ Company	ien, Corp.
1814 Pinehurst Drive	
West Palm Beach, FL 3	3467
City/ State and Zip Gode A Dim 20 Shir ey 6 a Qmail. Com E-mail address: (to be used for furfice annual report notifica	tion)
For further information concerning this matter, please call:	
Shirley Holman at 561, 4	260 -7587 aytime Telephone Number
O	
Enclosed is a check for the following amount made payable to the Florida Department	of State:
Certificate of Status Certified Copy Cer (Additional copy is Cer enclosed) (Ac	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CoP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 ExecutiveTallahassee, FlTallahassee, Fl	ection rporations ng e Center Circle



RETTED

14 APR 24 PM 1: 01

FLORIDA DEPARTMENT OF STATE Division of Corporations JALLAMA

April 11, 2014

SHIRLEY J HOLMAN A TOUCH OF SOUTHERN HOSPITALITY SPORTS B 245 EAST BLUE HERON BLVD RIVIERA BEACH, FL 33404

SUBJECT: A TOUCH OF SOUTHERN HOSPITALITY SPORTS BARS & GRILL

INC

Ref. Number: P13000082225

We have received your document for A TOUCH OF SOUTHERN HOSPITALITY SPORTS BARS & GRILL INC and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

You have completed the wrong application and the check amount differs. You have written the amount out as one hundred & fortythree dollars and it should just be the \$43.75.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 914A00007686



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

14 JUN-6 PM 2: 15

May 5, 2014

SHIRLEY J HOLMAN A TOUCH OF SOUTHERN HOSPITALITY SPORTS B 1814 PINEHURST DRIVE WEST PALM BEACH, FL 33407

SUBJECT: A TOUCH OF SOUTHERN HOSPITALITY SPORTS BARS & GRILL

INC

Ref. Number: P13000082225

We have received your document for A TOUCH OF SOUTHERN HOSPITALITY SPORTS BARS & GRILL INC and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

You have completed the wrong application and the check amount differs. You have written the amount out as one hundred & fortythree dollars and it should just be the \$43.75.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 914A00007686

Articles of Amendment
10 Articles of Incorporation
A Touch of Southern Hospital, ty Sports Bar & Grill P1300082225 (Document Number of Corporation (if known)
(Butternative of Corporation (It known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) t its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: Shirley Southern Kitchen Orp. The new name must be distinguishable and contain the word "corporation," "company, or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WEST Palm Beach, FL 33407
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) West Polm Goach, Fl. 33407
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
New Registered Office Address: West Palm Boach, FC, Florida 33407 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New 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 <math>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 Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	Mge Jerry Hogan	1814 Pinehurst D WG Palm Beach FL
Remove	Authorized	33407
2) Change	Member Deborah taguson	200 SW 5th Street Apt. 11
Remove 3) Change		Belle Chade, FL 33430
Remove 4) Change Add		
Remove		
5) Change		
Remove 6) Change		
Add		

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)		
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		<u> </u>	
	-	Married at an	
,			
an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued shares	4
provisions for implementing the ame (if not applicable, indicate N/A)	adment if not contained in t	he amendment itself:	
(ij noi appucaoie, maicaie wa)			

			1.515

The date of each amendment(s) adoption: 1924 2014	, if othe	r than the
date this document was signed.		
Effective date if applicable: (no more than 90 days after amendment file 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 east 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 05/29/2014 Holans		
Signature (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)		
Shirley Holman (Typed or printed name of person signing)	<u> </u>	
(Typed or printed name of person signing)		
(Title of person signing)		
	SECRETARY TO NO.	
	F: 40	S. Santa