J10783

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COASTAL ER: J10783	SOUTHERN, IN	IC.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing,	
Please return all corresp	oondence concerning this mat	tter to the following:	
	EDWARD A. HU	TCHISON, JR.	
_		Name of Contact Person	1
	BURKE BLUE, P	.A.	
-		Firm/ Company	
	221 MCKENZIE /	AVE.	
-		Address	
	PANAMA CITY, F	FL 32401	
-		City/ State and Zip Cod	e
whu	ıtchison@burkebl	lue.com	
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Edward A. Hu	ıtchison, Jr.	at (850	, 769-1414
Name of Contact Person Area Code & Daytin		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made 1	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)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to **Articles of Incorporation**

COASTAL SOUTHERN, INC.

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

J10783

(Document Number	r of Corporation (if knov	/n)	B	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this Floria	a Profit Corpora	tion adopts the following a	mendmen
A. If amending name, enter the new name of the	e corporation:			
			T	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co".		ncorporated" or the abbi	
B. Enter new principal office address, if applica	ıble:			
(Principal office address MUST BE A STREET A				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY)			
(Muning universe MAT DE ATOST OFFICE	<u></u>			
D. If amending the registered agent and/or regi		Florida, enter t	he name of the	
new registered agent and/or the new register	red office address:			
Name of New Registered Agent				
	(Florida street add	tress)		
New Registered Office Address:		r	lorida	
New Registered Office Address.	(City)	, 1	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered age	nt. I am familiar with a	nd accept the obl	igations 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 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	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	STD	HOWARD H. FLOYD	P.O. BOX 1900
Add			LYNN HAVEN, FL 32444
Remove			
2) Change	D	ANTHONY STEPHEN	1206 VERMONT AVE.
Add		LACHINA, JR.	LYNN HAVEN, FL 32444
Remove			
3) Change	<u>D</u>	EMILY DURRAY NELSON	1206 VERMONT AVE.
Add		LACHINA	LYNN HAVEN, FL 32444
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Article Three of the Articles of Incorp		
	ation are hereby amend	ed to reflect that the specific
and exclusive purpose of the Corpor	ion formed is to operate	one or more Sonny's Real Pit Bar-E
Restaurants.		

f an amendment provides for an excha	ze, reclassification, or car	ncellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	nent if not contained in the	he amendment itself:
(9		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) addate this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	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)	
	(voling group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	14/15	
Signature	Wine	
(By a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	WAYNE G. LINDSEY	
	(Typed or printed name of person signing)	
	STVPD	
	(Title of person signing)	