L45542

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #/)
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Surf B	ar * Cocktail Lounge Inc.
DOCUMENT NUMBER: <u>L45542</u>	
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	o the following:
Surf Bar 181 Mort New Smy	Troy Jame of Contact Person **Mocktail Lounge Inc. Firm/ Company Address Cha Bah, F1. 32/69 ity/ State and Zip Code Cha Gmail. Com or future annual report notification)
For further information concerning this matter, please cal	1:
Mary ann Troy Name of Contact Person	at (<u>386</u>) <u>690 – 13 73</u> Arca Code & Daytime Telephone Number
Enclosed is a check for the following amount made payat	ole to the Florida Department of State:
Certificate of Status (S43.75 Filing Fee &
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

to American of Formand in the Control of the Contro
Articles of Incorporation
Surf Bar Mocktail Lounge, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
L45542
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Plan Signature of the second se
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 711Cholas 1. Pappas Jame 18 Morth Causeway Business (Florida street address) address New Registered Office Address: New Amyrni Bch., Florida 32169
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered tigent. 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 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>Joh</u> i	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One) 1) hange Add Remove	Title	Name Ynicholas T. Pappas	Address 633 Hills Blvo Port Orange Fla. 32127
2) Change Add Remove			
Change Add Remove			
4) Change			
Change Add			
Change Add Remove			

Attach additional sheets. If necessary). (Be specific) M/Q Man amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate V.II)	E. <u>If am</u>	ending or adding additional Articles, enter change(s) here:
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)		
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	provi	sions for implementing the amendment if not contained in the amendment itself:
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The date of each amendment(s) adoption: 10-20-19 date this document was signed.	, if other than the
Effective date if applicable: 10-20-14	
(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	
(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 10-28-14	
Signature (By a director, president or other officer – indirectors 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)	
Mary ann Troy (Typed or printed name of person signing)	_
General Manager (Title of person signing)	_