1159

(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:

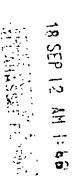
Office Use Only



900318245519

09/12/18--01024--005 *+53.50

S TALLENT SEP 1 8 2018



Joseph

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SC	HOONER'S M.	ARKET, INC.			
DOCUMENT NUMBER: M11591					
The enclosed Articles of Amendmen		omitted for filing.			
Please return all correspondence con-	cerning this mat	ter to the following:			
JOSEPH C.	KEMPE, ESQ.				
	Name of Contact Person				
JOSEPH C.	KEMPE, P.A.				
	Firm/ Company				
941 N. HIGH	WAY A1A				
		Address			
JUPITER, FL	_ 33477				
	,	City/ State and Zip Code			
JOEKEMPE@JCH	KEMPE COM				
-		ed for future annual report i	vatification).		
rmarr ac	Rifess. (to be us	ed for fatare annual report i	iotification)		
For further information concerning the	nis matter, pleas	e call:			
TRACY COSTANZO		561 at (747-7300		
Name of Contact Pers	son		le & Daytime Telephone Number		
Enclosed is a check for the following	gamount made p	payable to the Florida Depa	rtment of State:		
	Filing Fee & eate 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)		
Mailing Address Amendment Section Division of Corpore P.O. Box 6327 Tallahassee, FL 32	rations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

urrently filed with the Florida Dept. of State)
mber of Corporation (if known)
es, this Florida Profit Corporation adopts the following amendment(s) to
i <u>on:</u>
The new
poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P,A."
)
18 SEP 12
ce address in Florida, enter the name of the address:
_ _
orida street address)
, Florida (City) (Zip Code)

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.

X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	Meg Ruddy	22 River Street		
Add			Tequesta, FL 33469		
X Remove					
2) Change	s/T	Joseph Wheelock	513 US Highway 1		
, Add	<u> </u>		Suite 204		
X Remove			North Palm Beach, FL 33408		
3) X Change	Р	Joseph Szabo	133 Center Street		
Add			Block Island, RI 02807		
Remove					
4) Change	VP	Jacob Szabo	19037 SE Arnold Drive		
X Add			Tequesta, FL 33469		
Remove					
5) Change	S/T	Kathleen S. Szabo	133 Center Street		
X Add			Block Island, RI 02807		
Remove					
6) Change	- -	_			
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
•	• • •
-	
<u> </u>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) noi applicable. maicule in a i	
GFF,	

The date of each amendment(s) ador	ption:	fother than the
date this document was signed.	· —	
-	21, 2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ick does not meet the applicable statutory filing requirements, this date will not artment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	,,	
<u> </u>	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	9-18	
/selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)	
J	loseph Szabo	
_	(Typed or printed name of person signing)	
F	President	
_	(Title of person signing)	