

M11591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

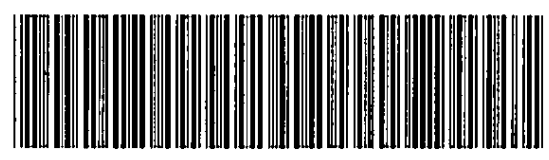
(Business Entity Name)

(Document Number)

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Amend

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OFFICE OF THE CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

A. RAMSEY

MAR 06 2023

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BOARD CERTIFIED IN THE LAW
BOARD CERTIFIED IN WILLS, TRUSTS AND ESTATES
REGISTERED NUMBER

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CHRISTY VILZI

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Incorporation of Schooner's Market, Inc.
Our File No.: 3647.600

Dear Sir or Madam:

Enclosed, please find the following:

1. Articles of Amendment to Articles of Incorporation of Schooner's Market, Inc.; and
2. A check in the amount of \$52.50 to cover the filing fee, certificate of status, and a certified copy for the Articles of Amendment.

Please process and return the necessary documents in the enclosed envelope to:

Conner R. Kempe, Esq.
Joseph C. Kempe, P.A.
941 N. Highway A1A
Jupiter, FL 33477

Should you have any questions or concerns, please contact our office at:

(561) 747-7300

Attention: Alexandra Cormier or Conner Kempe, Esquire

Very truly yours,


Conner R. Kempe, Esq.

CRK/apc
Enclosures

cc: Mrs. Kathleen Szabo by Email

KEMPE

LAW • ESTATES • TAX • WEALTH
A PROFESSIONAL ASSOCIATION
OF ATTORNEYS

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AND

PARKWAY STREET
JUPITER, FLORIDA 33477

VERO BEACH

772-562-4022

WEBSITE

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ADMINISTRATIONS
ENDER GARNER, JAMES G. KEMPE
SANDRA PARSONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SCHOONER'S MARKET, INC.

DOCUMENT NUMBER: M11591

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CONNER R. KEMPE, ESQ.
Name of Contact Person

JOSEPH C. KEMPE, PA
Firm/ Company

941 N. HIGHWAY A1A
Address

JUPITER, FL 33477
City/ State and Zip Code

connerkempe@kempelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONNER R. KEMPE at (561) 747-7300
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|---|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED
2022 DEC 14 PM 12 52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SCHOONER'S MARKET, INC.

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

M11591

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* 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**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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 N/A _____

N/A _____
(Florida street address)

New Registered Office Address: N/A _____, Florida N/A _____
(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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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 cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated 12.7.22 _____

Signature Kathleen S Szabo
(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)

Kathleen S. Szabo

(Typed or printed name of person signing)

President

(Title of person signing)