# m97697

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# COVER LETTER

Division of Corporations
NAME OF CORPORATION: HOG'S BREATH SALOGN OF KEY WEST, INC
DOCUMENT NUMBER: M97697
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHERRY DORMINY, PRESIDENT HOS BLOATH SALOWEN OF KEYWETI
541 HARBOR BLUS Firm/ Company DESTIN, FL. 32541
Firm/ Company
Address
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teseph M. Schey Jr. P.A at (850) 837-1171  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:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status \$\Bigcup \text{Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \Bigcup \\$43.75 Filing Fee \& Certificate of Status

## **Mailing Address**

TO: Amendment Section

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

#### **Street Address**

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

### **Articles of Amendment**

to Articles of Incorporation

of	
Hog's Breath Saloon (	Key West,
(Name of Corporation as currently filed with the Florida Dept. of	(State)
<u> </u>	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts Articles of Incorporation:	ts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporation," "lnc.," or Co.," or the designation "Corp," "lnc," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "P.A."	ted" or the abbreviation
. Énter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
<del></del>	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. 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 SHERRY JORMINY	
541 HARBOR BWD	<del></del>
DESTIN, FL 3234/ (Florida street address)	<del></del>
1//1	
New Registered Office Address:, F	lorida (Zip Code)
/ (611))	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	f the position.
, , , , , , , , , , , , , , , , , , ,	•
$\sim 11$	
A Sherry W. Alleny Senature of New Registered Agent, if changing	
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.

X Change	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike Jones</u>			
X Add	SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	_D	KELLY M. MIILLE	541 HARBOLBLUS	
Add			DESTIN FL 32541	
X Remove				
2) Change	_D_	SHERRY DARMINY	541 HAKBOR OWN	
_X_ Add		,	DESTIN, FL 32541	
Remove		T. 11		
3 ) Change		JAMES ALTAMURA	541 HANDON OWN	
_X_ Add			DESTIN, FL 32541	
Remove				
4) Change	***			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Pamova				

<mark>f amending or adding additional Arti</mark> Attach <i>additional sheets, if necessary).</i>	(Be specific)
Programme Action	•
	······································
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	, if other than the
Effective date if applicable:	
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 we document's effective date on the Department of State's records.	rill not be listed as the
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 cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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 10/14/2016	
Signature x Them W. Sham	
(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)	
appointed reductary by that reductary)	
(Typed or printed name of person signing)	<u> </u>
PRESIDENT	
(Title of person signing)	