N1300000 5773

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	SEAFOOD FESTIVA	L, INC.	
DOCUMENT NUMBER:	N13000005773			
The enclosed Articles of Art	nendment and fee are sub	omitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Joanne M Foster				
		(Name of Contact P	erson)	
Guy Yudin & Foster, LLf				
	-	(Firm/ Company	·/)	
55 East Ocean Blvd.				
		(Address)	- -	· · · · · · · · · · · · · · · · · · ·
Stuart, FL 34994				
		(City/ State and Zip	Code)	
jfoster@guyyudinlaw.com				
E	-mail address: (to be used	d for future annual rep	ort notification	n)
For further information conc	erning this matter, please	call;		
Joanne M Foster		at	772	286-7372 x207
	(Name of Contact Person		(Arca Code)	(Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida D	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy isonal Copy isonal Copy isonal Copy is sed)
Mailing A	ddress	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to
Articles of Incorporation of

PORT SALERNO SEAFOOD FESTIVAL, INC.

(Name of Corporation as c	currently filed with the Florida Dept. of State)
N13000005773	
(Document	Number of Corporation (if known)
	Statutes, this Florida Not For Profit Corporation adopts the fol
amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	E9 (e)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST QFFICE BOX	
	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
wew negistered Office riduress.	
	, Florida
	(City) (Zip Code)
Ni D	Acuad Acada
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and tiaddress 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; (Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, P1 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Olsen, Edward B, Jr	3100 SE St Lucie Blvd.
Add			Stuart FL 34997
X Remove			
2) Change	PD	Haluska, Thomas	4085 SE Westfield St.
X Add			Stuart FL 34997
Remove			
3) Change	EVPD	Hennessee, John	4745 SE De Soto Ave
XAdd			Stuart FL 34997
Remove			
4) Change	SD	Stuart, Jimmy	4137 Bayview Dr
Add			Stuart, FL 34997
X Remove			
5) Change	SD	Chad Lce	5493 Se Harbor Ter
X Add			Stuart FL 34997
Remove			
6) Change	<u></u>		
Add			
Remove			

Page 3 of 4	attach additional sheets, if necessary).	(Be specific)
Page 3 of 4		
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		Page 3 of 4
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•	this document was signed.
Effe	ctive date if applicable:
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list iment's effective date on the Department of State's records.
Ado	ption of Amendment(s) (<u>CHECK ONE</u>)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	September 25, 2019 Dated
	Signature Same M Later
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Joanne M Foster
	(Typed or printed name of person signing)
	Attorney/Registered Agent for Port Salerno Seafood Festival, Inc.
	(Title of person signing)