NBOOOLAY

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

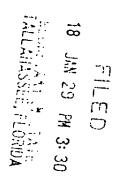
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	The Harbor Dish Inc.				
	N13000006241				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are subm	itted for filing.			
Please return all correspond	ence concerning this matte	r to the following:			
Marsha Keiser					
		(Name of Contact Per	son)		
The Harbor Dish Inc.					
		(Firm/ Company)			
255 5th Avenue South					
		(Address)			
Safety Harbor, FL 34695					
***************************************	(City/ State and Zip C	ode)		
harbordish@harbordish.org					
	-mail address: (to be used	for future annual repo	rt notificatio	1)	
For further information conc	erning this matter, please c	all:			
Marsha Keiser			727	796-8286	
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made pay	able to the Florida De	epartment of	State:	
S35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee cate of Status fied Copy tional Copy is sed)	
Mailing A	Address	Comm	at Adduans		

Mailing Address

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

Street Address
Amendment Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Harbor Dish Inc.				
(Name of Corporation as curren	tly filed with the Flo	rida Dept, of State)		
N13000006241				
(Document Numb	er of Corporation (if	known)		
ursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	or Profit Corporation ac	lopts the follo	wing
. If amending name, enter the new name of the corporat	ion:			
			The	new
ame must be distinguishable and contain the word "corporat Company" or "Co," may not be used in the name.	ion" or "incorporate	d" or the abbreviation '	'Corp." or "li	nc."
Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRESS</u>)			- 21/11	<u>_</u>
				ىنى
			<u> </u>	ب برجـــــــــــــــــــــــــــــــــــ
Enter new mailing address, if applicable;				۲.
(Mailing address MAY BE A POST OFFICE BOX)			ri	<u> </u>
				73
	<u> </u>	 	<u> </u>	٠ ر
. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		enter the name of the		
Name of New Registered Agent:				
New Project and Office Address	(F	lorida street address)		
New Registered Office Address:				
-manufactures and manufactures and manuf		, Florida		
	(City)	(Zip ((ode)	
ew Registered Agent's Signature, If changing Registered hereby accept the appointment as registered agent. I am fur		t the obligations of the p	osition,	
	ignature of New Regis	stered 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Susan Durkee	897 Gallant Fox Lane
Add			Davidsonville, MD 21035
X Remove			
2) Change	D	Kristen Sam	2476 Sharkey Road #102
X Add			Clearwater, FL 33765
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	***************************************		
Add			
Remove			
6) Change			
Add			
Remove		D 4.44	

If amending or adding add attach additional sheets, if r	litional Articles, ente necessary). (Be spec	r change(s) here: cific)			
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		laption:	, if other than the
lậte	this document was signed.		
Eff	ective date <u>if applicable</u> :		
		(no more than 90) days after amendment file date)	
	te: If the date inserted in this bloument's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no members or men adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/were fors.	
	Dated 1/26/2018		
	Signature	lansha Keiser	
	have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Marsha	Keiser	
		(Typed or printed name of person signing)	
	Directo	,	
		(Title of person signing)	