P02000015910

(Re	equestor's Name)	
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Amend

JUL 18 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Ollie's Neighborho	od Grill, Inc.	
DOCUMENT NUM	P02000075910		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Angela J. Jones		
		Name of Contact Persor	1
	Locklin, Saba, Locklin & Jon	es, PA	
		Firm/ Company	
	4557 Chumuckła Highway	, ,	
		Address	
-	Pace, Florida 32571		
		City/ State and Zip Code	e
For further information	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)
Angela J. Jones		at (<u>850</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Ollie's Neighborhood Grill, Inc.			
(<u>Name o</u>	f Corporation as currently	filed with the Florida Do	ept. of State)
P020000075910			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
n/a			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(Co". A professional corp	rporated" or the abbreviation oration name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		n/a	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		n/a	THE
D. If amending the registered agent an new registered agent and/or the new			- · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	Jonnathon D. Anderson		
Name of New Registered Agent	6181 Highway 90		
	(Florida str	eet address)	
New Registered Office Address:	Milton		32570 Florida
HEW REGISIETEU Office Address.		(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

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Charles A. Leach	6181 Hwy 90
Add			Milton, FL 32570
X Remove			
2) Change	D .	Stephanie A. Leach	6181 Hwy 90
Add			Milton, FL 32570
X Remove			
3) Change	D	Jonnathon D. Anderson	6181 Hwy 90
X Add			Milton, FL 32570
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additio	onal sheets, if necessary).	<pre>icles, enter change(s) here: (Be specific)</pre>		
a				
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	·			
If an amendn	nent provides for an exc	hange, reclassification, or	cancellation of issued sh	ares,
provisions fo	or implementing the am	endment if not contained in	the amendment itself:	
	pplicable, indicate N/A)			
3				
				
				
				<u> </u>
	· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 will document's effective date on the Department of State's records.	Il 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.	
July 5, 2016 Dated	
Signature /	
(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)	
Charles A. Leach	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	