

PD5000143789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000298813070

05/08/17--01018--031 \*\*52.50

17 MAY - 8 AM 9:28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAY 12 2017  
C McNAIR

COVER LETTER

RECEIVED  
DIVISION OF CORPORATIONS  
17 MAY -8 AM 9:28

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Team Salt Rock, Inc.  
DOCUMENT NUMBER: P05000143789

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

Please return all correspondence concerning this matter to the following:

Jennifer Simons  
Name of Contact Person  
Team Salt Rock, Inc.  
Firm/ Company  
18395 Gulf Blvd. Suite 204  
Address  
Indian Shores, FL 33785  
City/ State and Zip Code  
jsimons@baystarrestaurantgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Simons at ( 727 ) 593-2946  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Team Salt Rock, Inc.

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

P05000143789

(Document Number of Corporation (if known))

FILED  
DIVISION OF CORPORATIONS  
17 MAY -8 AM 9:28

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:**

N/A

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)

18395 GULF BLVD. SUITE 204  
INDIAN SHORES, FL 33785

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

18395 GULF BLVD. SUITE 204  
INDIAN SHORES FL 33785

**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

FRANK R. CHIVAS

18395 GULF BLVD. SUITE 204

(Florida street address)

New Registered Office Address:

INDIAN SHORES

Florida 33785

(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.

FRANK R. CHIVAS

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.*

**Example:**

☒ Change                      PT              John Doe

☐ Remove                      V              Mike Jones

☐ Add                      SV              Sally Smith

| Type of Action<br>(Check One)  | Title    | Name                | Address  |
|--|----------|---------------------|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>P</u> | <u>Jayme Chivas</u> | <u>18395 Gulf Blvd.</u><br><u>Suite 204</u><br><u>Indian Shores FL 33785</u> |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>P</u> | <u>Frank Chivas</u> | <u>18395 Gulf Blvd.</u><br><u>Suite 204</u><br><u>Indian Shores FL 33785</u> |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____               | _____<br>_____<br>_____  |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____               | _____<br>_____<br>_____  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____               | _____<br>_____<br>_____  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____               | _____<br>_____<br>_____  |

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

N/A

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 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)

☐ 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 4.19.17

Signature Frank R. Chirva

(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)

Frank R. Chirva  
(Typed or printed name of person signing)

President  
(Title of person signing)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY -8 AM 9:28

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Team Salt Rock, Inc.  
DOCUMENT NUMBER: P05000143789

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

Please return all correspondence concerning this matter to the following:

Jennifer Simons  
Name of Contact Person  
Team Salt Rock, Inc.  
Firm/ Company  
18395 Gulf Blvd. Suite 204  
Address  
Indian Shores, FL 33785  
City/ State and Zip Code  
Jsimons@baystarrestaurantgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Simons at ( 727 ) 593-2946  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

Mailing Address

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

Street Address

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