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8/1/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: J-Ville	e Crab Shack	,Inc.
DOCUMENT NU	MBER: 70700C	071014	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	AV	Am SORANY ame of Contact Person	
	J-ville (Crab Shack, Inc	 .
	5625-02 No	rwood Ave	
	Jacksonvi	IIC FL 3220 ity/ State and Zip Code	o 8
	A Lan E-mail address: (to be used	570@ Yahoo. co, d for future annual report notification)	<u>૫</u>
For further informa	ation concerning this matter,	please call:	
Name	of Contact Person	at () Area Code & Daytime Tele	phone Number
		ade payable to the Florida Departs	
S35 Filing Fee	S43.75 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)
Mailing Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

FILED

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(Document Number of Corporation (if known)

llowing

A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "lnc.," or Co.," or the designation "Corp.," "lnc," 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) (City) (Zip Code)	Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statute:	s, this <i>Florida Prof</i>	it Corporation	adopts the fol
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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: (Florida street address) (City) (Zip Code)	A. If amending name, enter the new name of	the corporation:	<u>.</u>		
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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: New Registered Office Address: (Florida street address) (City) (Zip Code)	name must be distinguishable and contain t	ha word "corno	ration " "company	" or "incorn	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) (City) (Zip Code)	abbreviation "Corp.," "Inc.," or Co.," or the	designation "Cor	p," "Inc," or "Co"	'. A professio	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) (City) (Zip Code)		licable:	5625-02	Nowo	od Ave
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: New Registered Office Address: (Florida street address) (City) (Zip Code)	(Principal office address <u>MUST BE A STREE</u>	<u>TADDRESS</u>)	Jackson u	rille, pr	32208
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: New Registered Office Address: (Florida street address) (City) (Zip Code)			 .		
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: New Registered Office Address: Sovany					
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Sovany					
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Sovany		-			
Jacksonville Florida 32208 (Cin) (Zip Code)	new registered agent and/or the new regis	tered office addr	ess:		of the
Jacksonville Florida 32208 (Cin) (Zip Code)	Name of New Registered Agent:	AKAM	Sovany	<u>.</u>	
Jacksonville Florida 32208 (Cin) (Zip Code)		5625-02	Norwood	Ave	
	<u> </u>	,			
	-	Jackson	ville	Florida	32208
		•		zip Coae)	

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.

NACO VOLL 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)

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
<u>β</u>	AVAM SI	orany	5625-02 Norwood) Jacksonvilly, Fr 32208	Add Remove
<u> </u>	HADIA J	BRANDU	5625-02 Norwood A Facksonville, Fr 32208	Add Remove
<u> </u>	Aonees	DHAHIM	5625-02 Norwood Au Jacksonville or 320	Add Remove
	nding or adding addition addition additional sheets, if neces			
provis		ne amendment if	lassification, or cancellation of iss not contained in the amendment i	
-				
		to and the second secon		_

The date of each amendment(s) adoption: 14445+ 1 2011
(dale of adoption is required) Effective date if applicable:
(no more than 90 days after amendment file date)
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 8-1-11
Signature Signat
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
AKAM Sorany
(Typed or printed name of person signing)
President
(Title of person signing)