(Requestor's Name) (Address)	900300338249				
(Address)					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	მ6/19/17მ1ეგშგეგ ••52.5ე				
Certified Copies Certificates of Status	JUN 22 2017 S. YOUNG				

Office Use Only

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: South T	Tampa Food Service Tac					
NAME OF CORPORATION: South Tampa Food Service Inc.  DOCUMENT NUMBER: P07000114164						
The enclosed Articles of Amendment and fee are so	abmitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
Jacob Surth 7	Shirai Name of Contact Person Tampa Fwo Service INC Firm/ Company					
3203 W. Bay to Bay Blud.						
Tampa, F	City/ State and Zip Code					
jacobshirai86@outlook.com						
E-mail address: (to be u	sed for future annual report notification)					
For further information concerning this matter, plea	se call:					
Jacob Shirai	at ( 813 ) 956 - 2228 Area Code & Daytime Telephone Number					
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:					
□ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations					

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

South Tampa	Foun	Service.	Inc.				
South Tampa (Name of Corpor			Florida Dept	of State)			
PØ7e	00011416	5-1					
(Do	cument Number (	of Corporation (i	f known)				
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this	Florida Profit (	Corporation ac	lopts the fo	llowing ame	ndmen	t(s) to
A. If amending name, enter the new name of the	e corporation:						
•					The	new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or	"Co". A profes					
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	<mark>able:</mark> ADDRESS )					_	
C. Enter new mailing address, if applicable:	DAY)	-				<del>-1</del>	<b></b>
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>B(/,X</u> )					<del>-</del> :	۰: زیر
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office add ged office addres	lress in Florida. s:	enter the nar	ne of the		⊕ *	
Name of New Registered Agent							
<del></del>	(Florida si	treet address)					
New Registered Office Address:				, Florida_			
		(City)			(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ageing	Registered Agen nt. I am familiar	t: with and accept	the obligation	s of the pos	ition.		
	Signature of New	Registered Aven	t 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 titte:

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: <u>X</u> Change	PT John I	loc	
X Remove	<u>V</u> <u>Mike</u> .	lones	
X Add	<u>SV</u> <u>Sally</u> :	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VP</u>	Cary H. SHirai	3203 w bay tubay
Add			BLuch.
X Remove			TAMPA, FL 33629
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

ttach additional sheets, if n	iecessary). (Be s <sub>i</sub>	pecific)			
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<del></del>	<del></del>				
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		<del></del>			<del> </del>
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an amendment provides provisions for implementi (if not applicable, indic	ing the amendmen	reclassification t if not contain	, or cancellation led in the amend	of issued shares ment itself:	3
· · · · · · · · · · · · · · · · · · ·					
	<del>,</del>		<del></del> .		
					· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: _				, if other than th
date this document was signed.		ہ		
Effective date if applicable:	JUNE	13th	2017	
meent date <u>mappineum</u> .			er amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of		cable statu	tory filing requirements.	this date will not be listed as th
·				
Adoption of Amendment(s) $(\underline{\mathbf{C}}$	HECK ONE			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for		e number o	of votes cast for the amend	ment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin				
"The number of votes cast for the am	endment(s) was/wei	re sufficier	nt for approval	
bv				
(v.	oting group)			
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors	without sl	hareholder action and shar	eholder
The amendment(s) was/were adopted by th action was not required.	e incorporators with	nout shareh	nolder action and sharehol	der
Dated 6/13/2017	<u>.</u>			
Signature			. 0. 1	.1
			ectors or officers have not a receiver, trustee, or other	
· · · · · · · · · · · · · · · · · · ·	ry by that fiduciary			
	Tacob (Typed or printed	Shi	irai	
	(Typed or printed	name of pe	erson signing)	
		P/0		
_ <del>_</del>	(Title	of nerson	signing)	