07000/14282

| (Requestor's Name) | |
|---|--------------------------|
| (Address) | 200157234382 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 06/26/0901023006 **35.00 |
| (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | Anus |
| Special Instructions to Filing Officer: World Solument Sy Hugher Carl Hyllog | SECRETARY OF COR |
| | PORR |

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COVER LETTER

To: Amendment Section
Division of Corporations

| NAME OF CORPORATION: | BJ'S SEAFOOD MART INC | | | |
|--|--|--|--|--|
| DOCUMENT NUMBER: | UMBER: P070000114282 | | | |
| The enclosed Articles of Amendment and | fee are submitted for filing. | | | |
| Please return all correspondence concernin | g this matter to the following: | | | |
| · | ANGELO PETRUCCELLI | | | |
| | Name of Contact Person | | | |
| JACKSON | IVILLE RAX & ACCOUNTING INC | | | |
| | Firm/ Company | | | |
| | 1566 BLANDING BLVD | | | |
| , | Address | | | |
| J, | ACKSONVILLE, FL 32210 | | | |
| | City/ State and Zip Code | | | |
| ANC E-mail address: (to b | SELO.5@JUNO.COM e used for future annual report notification) | | | |
| For further information concerning this ma | tter, please call: | | | |
| ANGELO PETRUCCELL! Name of Contact Person | at (904) 384-5866 Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amou | int made payable to the Florida Department of State: | | | |
| | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| · (Name of Corporation as cu | AFOOD MAR | | <u>09 JUN 26 PM 2: 50</u> | |
|---|--------------------|----------------------------|-------------------------------------|--------|
| Pí | 07000114282 |) | | |
| | lumber of Corpora | | | |
| ursuant to the provisions of section 607.1 mendment(s) to its Articles of Incorporation | | ntes, this <i>Floria</i> | da Profit Corporation adopts the fo | llowi |
| . If amending name, enter the new name | of the corporation | on: | | |
| | | | The new | w |
| ame must be distinguishable and contai bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," " _I | the designation "C | Corp," "Inc," o | or "Co". A professional corporatio | e n |
| . Enter new principal office address, if a | nnlicable: | N/A | | |
| rincipal office address <u>MUST BE A STR</u> | | 1.11.1 | | |
| | | | | |
| | | | | |
| . Enter new mailing address, if applical (Mailing address MAY BE A POST OF | | N/A | | |
| | | | " | |
| . If amending the registered agent and/o new registered agent and/or the new re | | | orida, enter the name of the | |
| Name of New Registered Agent: | MARIA GAR | RCIA | | |
| | 5469 ORTE | GA BLUFF L | N | |
| New Registered Office Address: | | rida street addr | | |
| | JACKSONVI | ILLE | , Florida 32244 | |
| | (City, | | (Zip Code) | |
| ew Registered Agent's Signature, if chan | ging Registered A | Agent: Alfar with and a | | |

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> | Name | Address | Type of Action | | | | |
|---|---|---|-------------------|--|--|--|--|
| P&VP | MARIA GARCIA | 5469 ORTEGA BLUFF LN JACKSDONVILLE, FL 32244 | ☑ Add □ Remove | | | | |
| PWP | BERNADETTE JARREAU | 5469 ORTEGA BLUFF LN JACKSDONVILLE, FL 32244 | ☐ Add ☑ Remove | | | | |
| | | | ☐ Add ☐ Remove | | | | |
| | E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | | | |
| AMEND AR | AMEND ARTICLE IV: ALL 1000 SHARES TO BE ISSUED TO MARIA GARCIA | | | | | | |
| | | | | | | | |
| | | · | | | | | |
| | | | | | | | |
| 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) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | , | | | | | |

| The date of each amendment(s) | adoption: 06/25/2009 |
|--|---|
| • . | (date of adoption is required) |
| Effective date if applicable: (n | o more than 90 days after amendment file date) |
| Adopțion of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval |
| by | . 12 |
| (ve | ofing group) ." |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were a action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated_06/25/2 | |
| Signature (By a c | lirector, president of other officer – if directors or officers have not been |
| selecte | d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| | BERNADETTE JARREAU |
| - | (Typed or printed name of person signing) |
| _ | BOARD MEMBER |
| | (Title of person signing) |