P09000060473

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO: Amendment Section . Division of Corporations

NAME OF CORPORATION: <u>Legends</u>	Sazz Lounge	•
DOCUMENT NUMBER: <u>P0900</u> 00604	73	
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Coray	ame of Contact Person	······································
	Firm/ Company	
9378 Arlin	ngton Expression Ste 14	5
Jacksonville, FL.	322-25 ty/ State and Zip Code	<u> </u>
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, p	please call:	
Coray Ward	at (<u>904</u>) <u>881 - 34</u> Area Code & Daytime Tele	06
Enclosed is a check for the following amount ma	·	•
17\$35 Filing Fee \$\textsquare \textsquare	\$43.75 Filing Fee & 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 P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2010

CORAY WARD 2 INDEPENDENT DR. JACKSONVILLE, FL 32202

SUBJECT: LEGENDS JAZZ LOUNGE INC.

Ref. Number: P09000060473

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is 563700.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please provide us with an email address for this business entity. The Division of Corporations sends important reminders and notices to those business entities that have provided our office with an email address. Make sure your entity receives these helpful communications by providing our office with an active email address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 710A00000904

D' :- - - Compartier DO DOV 6907 Tellahagaa Florida 99914

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed	with the Florida Dept. of State)
P09000060473 (Document Number of Con	
,	Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:
	"corporation," "company," or "incorporated" or the on "Corp," "Inc," or "Co". A professional corporation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	3728 Phillips Huy Ste 39
	Sacksonville, Fl
	32207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	93 78 Arlington Expury Ste 145 Jacksonville, Fl. 32225
	Jacksonville, Fl. 32225
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
New Registered Agent's Signature, if changing Registe	City) (Zip Code)
I hereby accept the appointment as registered agent. I an	familiar with and accept the obligations of the position
Signature o	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)

	dent	Name Coray Ward	Address 2 Independent br. Jacksonville, Fl 32202	Type of Action Add Remove
Pres	dent	Lynn Barney	P.O. Box 41262 Sacksonville, F1 32203	☑ Add □ Remove
				☐ Add ☐ Remove
		g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
Ch Cor	ange (respor	of lounge Services to fin Ident Mortgage lender.	ancial Services and	
	provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adopt	ion: 2/2/10
Effective date <u>if applicable</u> :	(dgte of adoption is required)
(no mor	e than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval
by(voting g	
(voting g	roup)
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated	2/10
Signature	a mense
selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	(Typed br printed name of person signing)
	(Typed or printed name or person signing)
	President
	(Title of person signing)