## P090000 85758

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## COVER LETTER

TO: Amendment Section

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: Delco Hospitality Group Inc.  DOCUMENT NUMBER: P0900085758
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dennis J. Collins  Name of Contact Person  Delco Hospitality Group Inc.  Firm/Company  495 Dever Cb.  Address  PSC FL 34983  City/ State and Zip Code  Zestleitchenbar@am-ail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dennis J. Collins at 917 442-3964  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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to

Articles of Incorporation

Delco Hospitali	ty Crisus Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P6900008	5758
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particle of the approximation "P.A." or the approximation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<u>.</u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<i>:</i> 5
	- 13
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	$\sim 11$ .
Name of New Registered Agent (an)	n Collins
1925 6	The LIGHT NAN DOVER
(Florida stree	t address)
New Registered Office Address: F. P. CVC	City) Florida 3/983 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Reg	ristered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	V Johnt. Delisio	Stuart FL 34996
Add Remove  2) Change Add	V Carolyn Collins	495 M Doven & PSL FL 34983
Remove Change		
Add Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		

radon anam	or adding additional Articles, onal sheets, if necessary). (B	e specific)			
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fan amendi	ment provides for an exchange	e reclussification	ar cancellation	of icenad charge	
provisions f	or implementing the amendm	ent if not contai	ned in the ameno	iment itself:	<del>n</del>
(if not a	pplicable, indicate N/A)				
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		<u>.                                    </u>			

The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.	/	
Effective date <u>if applicable</u> :	(no more than 90 days after am	endment file date)
Note: If the date inserted in this block of document's effective date on the Departm		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted baction was not required.	by the incorporators, or board of directo	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		tes east for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting grovoting group entitled to vote separately	•
"The number of votes cast for the	e amendment(s) was/were sufficient for	approval
by		
	(voting group)	
selected, by a	r, president or other officer – if directors an incorporator if in the hands of a recluciary by that fiduciary)	
пррописа на	the lary by mar inductary)	M., .
	(Typed or printed name of person	b     1   K S
	President	
	(Title of person signing)	