P11000059935

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	y/State/Zip/Phone	e #)
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COVER LETTER

i,

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Seabreeze	Restaurant of	Cedar Key, Inc.	
	BER: P1100005993			
	of Amendment and fee are sul			
Please return all corres	spondence concerning this mat	ter to the following:		
	Jamie Griffin			
		Name of Contact Pers	son	_
	Seabreeze Resta	urant of Cedar	Key, Inc.	
		Firm/ Company		_
	3 10 Dock Street	41 SE 967-	th Street Swn, FL 32680	9-
	 	Address		- O
	Cedar Key. FL	32625 ALL TO	own FL 32680	
		City/ State and Zip Co	ode	
<u>jam</u>	nieg103@aol.com E-mail address: (to be us	ed for future annual repo	ort notification)	
For further information	n concerning this matter, pleas	e call:		
Jamie Griffin		at (404	797-5334 Code & Daytime Telephone Number	_
Name	of Contact Person	Area (Code & Daytime Telephone Number	er
Enclosed is a check fo	r the following amount made p	payable to the Florida De	epartment of State:	
□ \$35 Filing Fee	□\$43.75 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)	
Amo Divi P.O	elling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ame Divi: Clift	et Address ndment Section sion of Corporations on Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Seabreeze Restaurant of Cedar Key Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000059935

(Document Number of Corporation (if known)

	nja	
me must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	tion," "company," or "incorporated" or "Co". A professional corporation name or "P.A."
Enter new principal office address, rincipal office address MUST BE A S		41 SE 967th Street Old Town, FE 32680
Enter new mailing address, if appli		Ul CE 91-74 Ctroop
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	Old Town, & 32680
If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre	Idress in Florida, enter the name of the
If amending the registered agent ar	nd/or registered office ad w registered office addre Jamie Griffin	Idress in Florida, enter the name of the
If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre Jamie Griffin 41 SE 967th S	Idress in Florida, enter the name of the
If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad w registered office addre Jamie Griffin 41 SE 967th S	Idress in Florida, enter the name of the ess:

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 Do	<u>oe</u>	
X Remove	V Mike Jo	ones	
X Add	SV Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add Remove	President & Treasurer	Jamie Griffin	41 SE 967th Street Old Town, FL 32680
2) Change Add Remove	Vice-President 4 Secretary	Keith D. Burkett	South 155 Gaines Street Oak Hill, FL 32759
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(anden dudinor	al sheets, if necessary). (Be specific)
	nla
"	
	
	ent provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
(if not app	olicable, indicate N/A)
0000 shares	(50% Shares in the name of Jamie Griffin)
SNIX) Shares	(50% Shares in the name of Jamie Griffin) (50% Shores in the name of Keitha Burkett)
0-0 3114147	Cost Silvers III did not be the second

The date of each amendment	t(s) adoption: May 24, 2012
Effective date if applicable:	May 24, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(10111)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
_{Dated} Ma	Jamie Griffin
Signature	Jamie Griffin All
(E	By a director, president or other of licer – if directors or officers have not been
	elected, by an incorporator - it in the hands of a receiver, trustee, or other court
a	ppointed fiduciary by that fiduciary)
	Jamie Griffin Jamie Griffin
	(Typed or printed name of person signing)
	President
	(Title of person signing)