## P110000059935

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	<sub>kation:</sub> Seabreeze		edar Key, Inc.
DOCUMENT NUMB	BER: P1100005993	5	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Jamie Griffin	•	
•		Name of Contact Person	)
	Seabreeze Resta	urant of Cedar I	Key, Inc.
•		Firm/ Company	
	41 SE 967th Stre	et	
	<del></del>	Address	
	Old Town, FL 32	2680	
•		City/ State and Zip Code	<del>2</del>
iono	ina102@ool.com		
<u>jam</u>	ieg103@aol.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Jamie Griffin		<sub>at (</sub> 404	797-5334 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment 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)
	ling Address	<u> </u>	Address
	indment Section sion of Corporations	Amendment Section Division of Corporations	
	Box 6327		Building
	ahassee, FL 32314		executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation



Seableeze Restaurant of Cedar Key,	INC.		~~5
(Name of Corporation as currently filed with	the Florida Dept. of	State)	
P11000059935			
(Document Number of Corpora		<del></del>	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit C</i>	Corporation adopts the follo	owing amendment(s)
A. If amending name, enter the new name of the corporation	on:		
			The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevio	" or "Co". A profess	or "incorporated" or the ional corporation name in	he abbreviation nust contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del> </del>		
	<del></del>		<del></del>
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)			
(Mailing duaress MAT BE A LOST OFFICE BOX)			<del></del>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.		enter the name of the	
Name of New Registered Agent			
(Flor	rida street address)		
·		Classide.	
New Registered Office Address:	(City)	, Florida (Zip Code	e)
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am fan	niliar with and accept	the obligations of the posit	tion.

Signature of 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)

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PSE	<u>)</u>	Keith D. Burkett	155 S.Gaines Street
Add				Oak Hill, FL
X Remove				32759
2) Change	VS		Keith D. Burkett	155 S.Gaines Street
Add				Oak Hill, FL
X Remove				32759
3 ) Change		_		
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change		<del>_</del>		
Add .				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	
	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:  5000 shares (50 percent)
Re-issue 5000 shares to	Jamie Griffin (Jamie Griffin
now holds all 10000 share	es or 100 percent of all shares)

he date of each amendment(s) adoption: JUIY 4, 2012
ffective date if applicable. July 4, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated July 4, 2012
Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
appointed fieldstary by that fiducially,
Jamie Griffin
(Typed or printed name of person signing)
President
(Title of person signing)