Florida Department of State
Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000195742 3)))



H110001957423ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number : 120030000112 Phone : (239)552-4100 Fax Number : (239)649-1706

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

Email Address: NBH @ SWBNAPUES. COM

MECENED

1 AUS -3 AH 8: 07

ECRETARY OF STATE
LLAHASSEF FLORINA

## COR AMND/RESTATE/CORRECT OR O/D RESIGN JOE IN HOSPITALITY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section
Division of Corporations

NAME OF CORPO	AME OF CORPORATION: JOE IN HOSPITALITY, INC.			
DOCUMENT NUM	JMBER:P11000060306			
The enclosed Article	es of Amendment and fee	are submitted for filing.		
Please return all con	respondence concerning th	is matter to the following:		
-		MA B. HENNING, ESQ.		
		Name of Contact Person		
_	SALVATO	RI, WOOD & BUCKEL, P.L.		
		Firm/ Company		
_	9132 STRAI	DA PLACE, FOURTH FLOOR		
		Address		
		IAPLES, FL:34108		
_		City/ State and Zip Code		
	NBH@S	SWBNAPLES.COM		
	E-mail address: (to be use	ed for future annual report notification)		
For further informati	ion concerning this matter,	, please call:		
	MA B. HENNING	at ( 239 ) 55	52-4100	
Name of	f Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check t	for the following amount r	nade payable to the Florida Depart	ment of State:	
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment		Street Address Amendment Section		
Division of C		Division of Corporations		
P.O. Box 632	•	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle	e	
ŕ		Tallahassee, FL 32301		

Aug. 3. 2011 2:02PM SALVATORI 8 (((H1100019 <b>5742 رازد</b>	ß WOOD	, No. 6206 P. 3/5
	Articles of Amendment	•
ud.	to	FILED
٠, ٠	Articles of Incorporation of	11 AUG -3 PM 3: 04
IOE IN U.C	<del></del>	SECRETARY 3: 04
(Name of Corporation as curre	SPITALITY, INC.	SECRETARY OF STATE Dept. of State) LAHASSEE, FLORIDA
		SEL FLORIDA
- <del></del>	000060306 lber of Corporation (if known	<u> </u>
(Dominica Pull)	iod of Corporation (if Known	U
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Flori	ida Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
	SPITALITY, INC.	The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc,"	or "Co". A professional corporation
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREE</u> :		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new registered Agent:  Name of New Registered Agent:		lorids, enter the name of the
New Registered Office Address:	(Florida street addı	ress)
<u>-</u>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin	g Registered Agent:	
hereby accept the appointment as registered ag	gent. I am familiar with and	accept the obligations of the position.
	gnature of New Registered Aş	vent, if changing

Page 1 of 3

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
PVPS	JORGE INT-VEEN	Waldhausenerstrasse 122 - 128 41061 Moenchen-Gladbach Germany	
PVPS	JOERG INT-VEEN	Waldhausenerstrasse 122 - 128 41061 Moenchen-Gladbach Germany	☑ Add □ Remove
			☐ Add ☐ Remove
E. <u>If amendin</u>	g or adding additional Articles, enter c	:hange(s) here:	
	tional sheets, if necessary). (Be specific		
<u></u>			
			<del></del>
provisions	ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	assification, or cancellation of issue ot contained in the amendment is	ued shares, iself:

lug. 3. 2011 2:02PM (((H1100019374	SALVATORI & WOOD	No. 6206	P.	5/5
The date of each amendment	(s) adoption: August 1, 2011			
Effective date <u>if applicable</u> :	(date of adoption is requi			
	(no more than 90 days after amendment file	date)		
Adoption of Amendment(s)	(CHECK ONE)	•		
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of sufficient for approval.	of votes cast for the amendment(s)		
	re approved by the shareholders through voting for each voting group entitled to vote separ		i	
"The number of votes	cast for the amendment(s) was/were sufficien	t for approval		
ьу	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the board of directors without s	hareholder action and shareholder		
The amendment(s) was/wer action was not required.	re adopted by the incorporators without share	holder action and shareholder		
Dated	8/3/2011 llorue Il 1			
Signature				
sele	a director, president or other officer — if directed, by an incorporator — if in the hands of a cointed fiduciary by that fiduciary)			
	NORMA HENNING	<b>:</b>		
	(Typed or printed name of perso	n signing)		
	INCORPORATOR			
	(Title of person signing)			