P11000019905

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





500262745195

08/08/14--01031--022 **35.00



C.M 8-19-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHRIMP	SHACK SEAFDOD	KITCHEN II, INC.	5
DOCUMENT NUMB	er: P1100007990	05		ا ر ح:
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	No	DER ABOSINI		
-	July	Name of Contact Person	n	
_		SHRIMP SHACK		
		Firm/ Company		
-		646 BLANDIA Address	ug BIVD.	
-		ORANGE DARK City/ State and Zip Cod	FI. 32073	
		City/ State and Zip Cod	e	
	NA E-mail address: (to be us	TESHRIMP SHACK sed for future annual report	e AOL. COM notification)	
For further information	concerning this matter, pleas	se call:		
NATE	ABOSINI	at (904) 591-2124	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	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)	
Mailing Address			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Talla	hassee, FL 32314		Executive Center Circle assee, FL 32301	
		i anan	233 00 , 1 to 24301	

Articles of Amendment Articles of Incorporation of

Articles of Am	endment
to Articles of Inco of	rporation PS T
SHRIMP SHACK SEAFO (Name of Corporation as currently filed with the Flo	
P11000079905	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SHRIMP SHACK SEAFOOD KIN name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	646 BLANDING BIVD.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	OPANGE PARK, FI. 32073
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	et address)
New Registered Office Address:	. Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and appart the obligations of the position
r nerevy accept the appointment as registered agent. I am jamittar wi	т ини иссері іне овидинонз ој те розшон.
Signature of New Registered Ag	gent, if changing

address of each Officer (Attach additional sheets, Please note the officer/dip P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r, Directo l in the fo wes the c	sary) le by the first letter of the office title: lt; T= Treasurer; S= Secretary; D= Director; TRifinancial Officer. If an officer/director holds moor would be PTD. llowing manner. Currently John Doe is listed as to orporation, Sally Smith is named the V and S. The	= Trustee; C = Chai ore than one title, list the PST and Mike Jo	rman or Clerk; CEO = Chie the first letter of each offici nes is listed as the V. There is s John Doe, PT as a Change
Example: X Change	<u>PT</u>	John Doe		See See The
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		A STATE OF THE STA
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	ORID ORID
1) Change				
Add				
Remove				
2) Change				
Add				
Remove			<u></u>	
3) Change	·			
Add				
Remove				
4) Change		·		
Add				
Remove				
5) Change		_		
Add				
Remove				
Change				

Add

Remove

	 -	· ;
• • •		TALLANDSSEE OF STATE
•		
mending or adding additional Articles, ent	an ahanga(a) hans	30.5
ach additional sheets, if necessary). (Be spe	ecific)	
	• ,	29 7
		<u> </u>
	<u> </u>	-
	······································	
		· · · · · · · · · · · · · · · · · · ·
n amendment provides for an exchange, re	classification, or cancellation of is	sued shares,
ovisions for implementing the amendment (if not applicable, indicate N/A)	if not contained in the amendment	itseii:
,		
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ad date this document was signed.	option: 09/10/2011	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	•
by the shareholders was/were suf		Menter market
The amendment(s) was/were appromust be separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): For the amendment(s) was/were sufficient for approval	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	**************************************
by	(voling group)	=-
_	(voiing group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated 8/04	12014	
Signature	ate Abon	
(By a di	rector, president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointe	ed fiduciary by that fiduciary)	
_	NADER ABOSINI	
	(Typed or printed name of person signing)	
_	OFFICER	
	(Title of person signing)	