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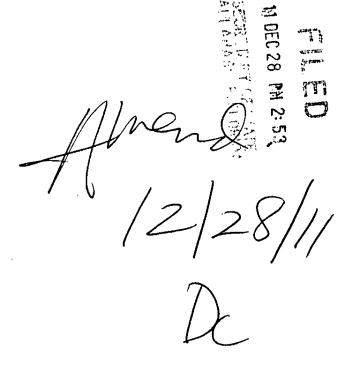
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Oyster Bay Crab House, Inc	C.
DOCUMENT NUMBER: P11000087192	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert B MCClellan Name of Contact Person	
Oyster Bay Crab House, Inc.	
65 Dunlawton Ave.	
Port Orange Fl 32127 Chi/State and Zip Code	
Oysterbayerabhouse Yahoo.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert McChellan at (386) 304 -0048 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 Certified Copy enclosed) \$43.75 Filing Fee & \$\sum_{\$\$52.50}\$ Filing Fee & \$\sum_{\$\$certified Copy}\$ Certificate of Status (Additional Copy)	
is enclosed)	
Mailing Address Amendment Section Amendment Section Division of Granutium	
Division of Corporations Division of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

·	of		
Duster Bay Crab Ho	ouse, I	nc.	
(Name of Corporation as currently filed	ou Se , 1 I with the Florida De	pt. of State)	بن ﴿
P11000087192			
(Document Number of Co	orporation (if known)		A STATE
arsuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	statutes, this <i>Florida Pr</i>	rofit Corporation adopts the	e following amendment(s
If amending name, enter the new name of the corp	ooration:		,
	N	<u>r</u>	The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the abo	"Inc," or "Co". A p		
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)	Alu	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•	NIA	
			
:			
If amending the registered agent and/or registered new registered agent and/or the new registered off		rida, enter the name of the	<u> </u>
Name of New Registered Agent	NA		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		Code)
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I a		ecept the obligations of the	position.
Turk and the state of the state	#1	ounganous of the f	
Signature of Nov	T.1 Registered Ågent, if ch		
Signature of New I	negisieren rigein, if en	и(₁ 6), ₁ 16	

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 <math>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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	\mathcal{D}	Elizabeth Williamso	4145 N.E. 1418 CH
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional attach additional sheets, if necessa	Articles, enter change(s) here: ary). (Be specific)
	NA
	<u> </u>
	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself: 4)
	NA
	t.

The date of each amendment(s) adoption: Dec. 164 2011
Effective date if applicable: (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)
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
Dated Dec 26 2011
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)
Robert B. McClellan (Typed or printed name of person signing) Pres RBMECLILLA
(Title of person signing)