P12000010609

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	TAI C
SHR	687-3087 ECT:	,
SUD	(Name of Corporation)	
DOC	UMENT NUMBER: P12000010609	ייי)
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Pleas	e return all correspondence concerning this matter to the following:	
Ms.	Heather Boles, President	
	(Name of Person)	
Seas	scape Bar, Inc.	
	(Name of Firm/Company)	
1309	Gulf Blvd.	
	(Address)	
India	ın Rocks Beach, FL 33785	
	(City/State and Zip Code)	
For fi	urther information concerning this matter, please call:	
Heat	ther Boles 727 687-3087	
	(Name of Person) at () (Area Code & Daytime Telephone Number)	
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.	
Amer Divis P.O.	Ing Address: Independent Section Independent S	

	Articles of An to Articles of Inco of		SECRETALIANS	The state of the s
SEASCAPE BAR, INC.			17 to 18 to	To a line
(Name of Corporation as P12000010609	currently filed with the Flo	orida Dept. of State		ë O
(Document	Number of Corporation (if	known)	الله الله الله الله الله الله الله الله	<u>.</u> \(\text{\text{\$\sigma}} \)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Torida Profit Corpo	ration adopts the followin	g amendment(s) to
A. If amending name, enter the new name	me of the corporation:			
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associated. B. Enter new principal office address, if (Principal office address MUST BE A ST	ition "Corp," "Inc," or "C ion," or the abbreviation "I f applicable:	Co". A professional		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1309 Gulf Blv	-	
		Indian Rocks	-	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	registered office address: Heather Boles		the name of the	-
	1309 Gulf Blvd.			
New Registered Office Address:	(Florida street address) Indian Rocks Beach		33785 , Florida	
New Registered Agent's Signature, if ch	(City) anging Registered Agent:	_	(Zip Code)	
I hereby accept the appointment as registed		20)	bligations of the position.	

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 Doe						
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	Р	Marsel Mano	1660 S. Prescott Ave.					
Add			Clearwater, FL 33756					
Remove								
2) Change	P	Heather Boles	1309 Gulf Blvd					
Add			Indian Rocks Beach, FL 33785					
Remove								
3) Change								
Add								
Remove								
4) Change								
Add								
Remove								
5) Change								
Add								
Remove								
6) Change	 							
Add			·					
Remove								

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)									
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fan ame	andment pr	ovides for a	n ovehona	a reclassifi	cation or	cancellatio	haussi to m	charec	
provisio	ns for impl	ementing the	<u>e amendm</u>	ent if not c	ontained i	n the amer	dment itsel	<u>51, 125, 155, 155, 155, 155, 155, 155, 1</u>	
(if n	ot applicab	le, indicate N	//A)						
Α									
									
			<u> </u>	_					
									

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated May	26,2015 Hankin Shi Bel	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Heather Boles	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	