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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _ DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kssica Johnson Name of Contact Person Firm/ Company P.O. Box 9103 Showntail Daol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 588.7621 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SNT-2, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000042169	<u> </u>
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ing amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mus word "chartered," "professional association," or the abbreviation "P.A."	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14 SEF 30 FM
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	FH 12: 26
new registered agent and/or the new registered office address:	
Name of New Registered Agent Jessica Johnson BEOI S. Mccann rd. (Florida street address)	
New Registered Office Address: Parama City, Florida 32409 (City) (Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of the position Signature of New Registered Agent, if changing	ı.

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	PT John	n <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Allen S. Johnson	3506 Wilson Ave
Add			Panama City, FL 32405
Remove			J
2) Change	P	Jessica Johnson	8801 S. Mccann rd
X Add		•	Panama CIM, FL 32409
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing or adding Iditional sheets	s, if necessary).	Be specific)			
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If an ame	endment prov	<u>ides for an ex</u>	change, reclass	ification, or ca	ncellation of i	ssued shares,	
	ns for implem	nenting the an indicate N/A)	rendment if no	t contained in	the amendmen	t itself:	
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STOCK POWER

KNOW ALL MEN BY THESE PRESENTS that KIM LIMMER, as Personal Representative of the Estate of Allen S. Johnson, hereby assigns and transfers unto JESSICA JOHNSON, 100% of his issued shares of common stock of SNT-2, INC., a Florida Corporation, represented by Certificate No. 001, and any and all liquor licensees used in the businesses operated by the Corporation and does hereby irrevocably constitute and appoint the Secretary of the Corporation to transfer the said shares on the books of the within-named Corporation with full power of substitution in the premises. The shares transferred by this Stock Power represent all of the shares owned by the undersigned.

DATED as of the day of September, 2014.

ESTATE OF ALLEN S. JOHNSON

KIM LIMMER, Personal Representative

Witness CHATHERINE M. FORD

date this document was signed.	doption;	, if other than
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient 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)	
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 addaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated <i>09</i>	22.14	
Signature	Justin /	
seleç i	lirector, 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)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	