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COVER LETTER

Division of Corporations NAME OF CORPORATION: ____ T.S. Kernan Corp. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Irwin Witt Name of Contact Person T.S. Kernan Corp. Firm/ Company P.O. Box 430 Address Ponte Vedra Beach, FL 32004 City/ State and Zip Code PonteVedraBBQ@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Irwin Witt at (904) 527-3596

Area Code & Daytime Telephone Number Name of Contact Person 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

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

is enclosed)

Articles of Amendment to Articles of Incorporation of

S. Kernan Corp. P1200	0074970	ntly filed with the Florida Dept. of State)	
.s. Keman Corp. P1200		· · · · · · · · · · · · · · · · · · ·	
	(Document Number	of Corporation (if known)	
ursuant to the provisions of section Articles of Incorporation:	n 607.1006, Florida Statutes, th	is Florida Profit Corporation adopts the foll	owing amendment(
. If amending name, enter the n	ew name of the corporation:		
onte Vedra BBQ Corp.			m
me must be distinguishable and co nc.," or Co.," or the designation thartered," "professional association	on "Corp," "Inc," or "Co".	"company," or "incorporated" or the abbre A professional corporation name must co ."	The new viation "Corp.," ontain the word
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		5160 Wilton Walk Drive	
		Jacksonville, FL 32224	20 0
			0 %
Enter new mailing address, if (Mailing address MAY BE A Po		P.O. Box 430	F CC
MAN DE THE BOX		Ponte Vedra Beach, FL 32004	P 355
			5
	nt and/or registered office ad	dress in Florida, enter the name of the	
If amending the registered age	•	66.	
If amending the registered age new registered agent and/or th	e new registered office addre	<u>33.</u>	
If amending the registered age new registered agent and/or th Name of New Registered A	e new registered office addre	<u></u>	
new registered agent and/or th	e new registered office addre	<u> </u>	
new registered agent and/or th	e new registered office addre gent	street address)	<u> </u>
new registered agent and/or th	gent N/A (Florida s		<u> </u>

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	N/A	N/A	N/A
Add			
Remove			202
2) Change			2028 OC 16
Add			
Remove 3) Change			2028 OC 16 PM 12
Add			0 37
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
(y not applicable, matche N/A)		
		_

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date with partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
must be separately provided for e	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval	
by	••	11v15
	(voting group)	Wision CT
10/12/2023 Dated		THE LIP STATE OF CORPORATE
(By a dir selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	- 6
_	ITAIN WITT	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	