P1300029604

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AHASSEE, FLOSH

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Golden Bear I	Restaura	nt Group, Inc.
DOCUMENT NUMBER: P13000029604		
The enclosed Articles of Amendment and fee are submitted	for filing.	
Please return all correspondence concerning this matter to th	e following:	
Mrs. Lisa Fostis		
Name	e of Contact Perso	n
Golden Bear Resta	urant Gro	oup, Inc.
1	Firm/ Company	
2625 S. US 1		<u>. </u>
	Address	
Fort Pierce, FL 349	982	
City/	State and Zip Cod	le
LF Goldenbear F E-mail address: (to be used for fi	1 @ q. mo	notification)
For further information concerning this matter, please call:		
Mrs. Lisa Fostis	_ _{at (} 708	715-5472
Name of Contact Person	Area Co	de & 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 & 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

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Golden Bear Restau	rant Group, Inc.	
	s currently filed with the Florida Dept. of State)	
P13000029604	(N. 1. 6G. 3. 6G)	
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	stain the word "corporation," "company," or "incorporated" mation "Corp," "Inc," or "Co". A professional corporation na ation," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl	iicable:	
(Mailing address <u>MAY BE A POST</u>		
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida, enter the name of the wregistered office address:	<u>1</u>
Name of New Registered Agent	Mrs. Lisa Fostis	
	2625 S. US 1	
	(Florida street address)	TALE 13
New Registered Office Address:	Fort Pierce Florida 3498	32 层 吕 丁
	(City) (Zip	Code) ASST
New Registered Agent's Signature, if o		position 35 5
I hereby accept the appointment as regis	tered agent. I am familiar with and accept the obligations of the p	position.
Si	ignature of New Registered Agent, if changing	

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> <u>John</u>	n Doe		
X Remove	V Mike Jones			
X Add	SV Sail	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	Ryan P Coll	2625 South US 1	
Add			Fort Pierce, FL	
X Remove			34982	
2) Change	PSTD	Lisa Fostis	2625 South US 1	
X Add			Fort Pierce, FL	
Remove			34982	
3) Change				
Add				
Remove				
4) Change			77.0	
Add			ALLAH ALLAH	
Remove			HASS	
5) Change			me P	
Add			<u> </u>	
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
I/A	

The date of each amendment(s) adopt date this document was signed.	otion:	, if other than the
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 was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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 adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	1.30 2013	
Signature (V)	Hotsis	
(By a directed, by a directed, by a directed, by a directed, by a directed by a direct	ctor, 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 fiduciary by that fiduciary)	
L	isa Fostis	
	(Typed or printed name of person signing)	
F	President	13 OF TALL
	(Title of person signing)	HASSES FUND
		F. 6