P13000047313

,





500260724595

06/02/14--01009--006 **35.00

2014 JUN -2 A 2:5 SECRETARY OF STATE ALLAHASSEE, FLORE

T. LEWIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: STADIUM CAFE TOC						
DOCUMENT NUMBER: 713000047313						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ALEXIS OLIVERA Name of Contact Person						
Firm/ Company						
8720 CHADWIK DR						
Address						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ALEXIS OLIVERA #(813) 385-7724						
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 enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (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 Cinton Building Callion Building Callion Building Callion Building						

Tallahassee, FL 32301

Articles of Amendment

ŧo

Articles of Incorporation

of

STADION CAFE IT	
(Name of Corporation as currently filed with the Florida Dept. of Sta	ite)
1213000047313	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corp</i> its Articles of Incorporation:	ooration adopts the following 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," o "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profession word "chartered," "professional association," or the abbreviation "P.A."	r "incorporated" or the abbreviation and corporation name must contain the
B. Enter new principal office address, if applicable:	7
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF SALLAHASSEE FL
D. If amending the registered agent and/or registered office address in Florida, entering new registered agent and/or the new registered office address:	er the name of the
Name of New Registered Agent ALEXIS OLIUERA	5 9
8720 CHAQUEK I (Florida street address)	>R_
New Registered Office Address: (City)	Florida <u>33.635</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar with and accept the	obligations of the position
Signature of New Paristand 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	PT John I	<u> Doe</u>	
X Remove	V Mike	<u>Jones</u>	
_X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	PVP	YOHANDRA VALCES	TAMPA, FL 33614
Remove 2) Change Add	VP	KERRY LAYDEN	8720 CHAQUICE DE TAMPA FL 33635
Remove 3) Change	<u>S</u>	JESUSS OLIVERA.	8720 CHAQUEL DR TAMPA, FL 33635
Remove 4) Change Add	P	Alexis Olivera	8720 Chadwick Dr Tampa, Fl 33635
Remove 5) Change Add	_,	~ <u>~</u> ~	
Remove 6) Change Add			
Remove			

	or adding additional A						
THE	ARTICLES	ARE	BEING	Ar	render -	TO CE	くしょう
	JOEA VAL						
AS-	TO APO	KER	RY LAYI	_ N 32	+ 3ESI	<u> </u>	JERA
<u> AS</u>	OFFICECS	·			 .		
				<u> </u>			
		*					
					· · · · · · · · · · · · · · · · · · ·		
						11111	
		<u>. </u>			 		
				-	<u></u>		
	·						
<u>provisions f</u>	nent provides for an ex or implementing the an opplicable, indicate N/A)	mendment if	lassification, or c not contained in	ancellation the amend	of issued shares, lment itself:		
NA							
			- <u>-</u>		<u> </u>		
	-						
				_			

						_	

The date of each amendment(s) adoption:	MAY	<u> </u>	201	<u> </u>	, if other than the
date this document was signed.					
Effective date if applicable:	MAY	ධුව	201	4	
	(no more	than 90 da	ys after ame	ndment file date)	
Adoption of Amendment(s) (9	CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholder or approval.	s. The num	nber of vote	s cast for the amen	dment(s)
The amendment(s) was/were approved by must be separately provided for each vot					
"The number of votes cast for the ar	mendment(s) w	vas/were su	fficient for a	pproval	
by				·``	
·	voting group)				
The amendment(s) was/were adopted by action was not required.	he board of di	rectors with	out shareho	lder action and sha	archolder
The amendment(s) was/were adopted by action was not required.	he incorporate	ors without	shareholder	action and shareho	older
Dated May 2	7,20	14			
Signature					
(By a director, p				or officers have no	
			nds of a rece	iver, trustee, or ot	her court
appointed fidue	iary by that lid	uciary)			
	ALEX	15_OI	LUER	⊶ person signing)	
, _	(Тур	ed or printe	ed name of p	erson signing)	
	PRE	SIDE	NT		
		(Title o	f person sig	ning)	