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DIVISION OF CORPORATIONS

14 OCT 27 AM 11: 12

C. Lewis

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporat	10113		
NAME OF CORPORAT	D1200000	r Heads Rest 726	aurant, Inc.
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
E	dwin D. Well	S	
<u>C</u>	howder Hea	Name of Contact Person ds Restauran	•
1	900 Okeecho	Firm/ Company obee Blvd. St	te A5
	Vest Palm Be	each, FL 3340)9
		City/ State and Zip Code	
ed@	chowderhea?	dsusa.com	
		sed for future annual report	notification)
For further information co	ncerning this matter, please	se call:	
Edwin Wells		_{at (} 561	, 201-2828
Name of C	ontact Person		de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment 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)
	Address		Address
	nent Section		ment Section
	of Corporations	Division of Corporations	
P.O. Bo		Clifton Building	
Tallahas	see, FL 32314	Tallaha	xecutive Center Circle issee, FL 32301
60° 60			to de la fis

Articles of Amendment

to
Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE DIVISION OF CORPORATIONS

Chowder Heads Restaurant, Inc.

14 OCT 27 AM 11: 12

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
-	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

C. Enter new mailing address, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 <math>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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Saily Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	SD		Kathleen M Wells	6248 Robinson St
Add				Jupiter, FL 33458
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	3+ 3/23 ·	<u> </u>	·	
Add				-VERO
Remove				
6) Change		_	And the state of t	
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
- L - ME EM		
Port Harris Control of the Control o		
W-104-104-104-104-104-104-104-104-104-104		
		·
f on amondment associate for an audi	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adoption:date this document was signed.	SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS , if other than the
Effective date if applicable:	14 OCT 27 AM 11: 12
(no more than 90	days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The r by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders throu must be separately provided for each voting group entitled to vo	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by	**
(voting group)	
The amendment(s) was/were adopted by the board of directors was action was not required.	rithout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators witho action was not required.	ut shareholder action and shareholder
Dated10/21/14	
Signature Educated Wells	
	r – if directors or officers have not been hands of a receiver, trustee, or other court
Edwin D. Wells	
(Typed or pri	nted name of person signing)
Vice President	
(Title	e of person signing)