Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150002134193)))



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To:

Division of Corporations

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Account Number : 120080000093 Phone : (850)222-2677 Fax Number : (850)575-2724

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN T-BAY CATERING, INC

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Corporate Filing Menu

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	Articles of Amendment	2015 SEP -3 AMII: 49
	to	one SEP -3 MILL
	Articles of Incorporation of	2013 John OF STANDA
T-BAY CAT	ERNG INC	SALVER SSEE, PLO
(Name of Cor	porution as currently filed with the	Florida Rept. of State)
1-140000971	054	
(Document Number of Corporation (if	known)
rsuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this Florida Profit Co	orporation adopts the following amendment
-		
If amending name, enter the new name of	the corporation:	
me must be distinguishable and contain th		The new
Torp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A professi	ional corporation name must contain the
Enter new principal office address, if apprincipal office address MUST BE A STREE		
3	····	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC		
(Mauing address <u>MAX BE A POST OFFIC</u>		
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If amending the registered agent and/or r	egistered office address in Florida, e	enter the name of the
If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, e stered office address:	enter the name of the
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If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent	stered office address:	
If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent	stered office address: (Florida street address)	
If amending the registered agent and/or registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent New Registered Office Address:	stered office address: (Florida street address) (City) 12 Registered Agent:	Florida(Zip Code)
If amending the registered agent and/or r new registered agent and/or the new regis Name of New Registered Agent	stered office address: (Florida street address) (City) 12 Registered Agent:	Florida(Zip Code)
If amending the registered agent and/or registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent New Registered Office Address:	stered office address: (Florida street address) (City) 12 Registered Agent:	Florida(Zip Code)
If amending the registered agent and/or registered agent and/or registered agent and/or the new registered Agent Name of New Registered Agent New Registered Office Address:	stered office address: (Florida street address) (City) 12 Registered Agent:	Florida(Zip Code)

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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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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)	Title	Name	<u>Address</u>
1) Change	<u>500</u>	Jerry D. NUNN	4175 Woodlands Play Palm Harbor Fr 34685
Add		t	Yalm Harbor, FC 31685
Remove			
2) Change	<u></u>		
Add			
Remove		•	
3) Change	- 	-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Change			
Add			
Remove			

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Famending or adding additions Attach additional sheets, if necess	ary). (Be specific)			
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			Harry to the form to a second	
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f an amendment provides for a provisions for implementing th	ie amendment if not con	non, or cancellation of tained in the amendmen	nt itself:	
(if not applicable, indicate l	V/A)			

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, v				·
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m. 1. 2. 1	8/25/15	
The date of each amondment(s) adoption this document was signed.	tion:	if other than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements traent of State's records.	, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes east for the american for approval,	ndment(s)
The amendment(s) was/were appro- must be separately provided for ea	red by the shareholders through voting groups. The following th voting group entitled to vote separately on the amendment	; statement i(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
,by	11-	
	(voting group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and sh	archolder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	bider
Dated_ 8 25	3/5_5/	
Signature X	Kley-by	
(By a direct	tor, president or other officer - if directors or officers have n	ot been
selected, t appointed	y an incorporator - if in the hands of a receiver, trustee, or of fiduciary by that fiduciary)	her court
	Dejan Stojanovski (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of namos rivnim)	

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