8



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000360303 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 : (407)843-8880 : (407)244-5690 Fax Number

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

carlos.souffront@gray-robinson.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN ATLANTA SEAFOOD HOLDINGS, INC.

> Certificate of Status Certified Copy 06 Page Count \$35.00 Estunated Charge

> > DEC 21 2018

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

	tly filed with the Florida Dept. of State)	
°16000011475		
(Document Number o	of Corporation (if known)	
nusum) to the provisions of section 607, 1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amend	ment(s) to
. If amending name, enter the new name of the corporations		
	The n	
ome must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or " wrd "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must contain t	ion the
ma communication of the commun	<u> </u>	- Φ
Finter new principal office address, if applicables Principal office address MUST BE A STREET ADDRESS.)		居民
		22
	<u>. </u>	
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		于
Euter new mailing address, if applicables (Mailing address MAY BK A POST OFFICE BOX)		## #5 5
(Indiana)		Q
	<u> </u>	
		_
	What is a second of the	
to mending the registered agent and/or registered office address new registered office address	si	
Name of New Registered Agent		
(Florida sv	veet address)	
	Fiorida	
Navy Panietared Office Address:	(City) (Zip Corle)	-
New Registered Office Address:		
rry Registered Agent's Signature, if chapping Registered Agent	ĬĬ.	
en Resistered Ascut's Signature, if chapping Registered Agent	্রি with and accept the obligations of the position.	
ery Resistered Asont's Signature, if chapping Registered Agent	i <u>.</u> with and accept the obligations of the position.	
	it with and accept the obligations of the position.	

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 afficer/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 officeridirector 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 to listed at the PST and Mike Jones is listed at 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 at Remove, and Sally Smith, SV as an Add.

Example: X Clange	PI	<u>Jolin Doc</u>		
X Remove	X.	Mike Jones		
X Add	SY	Sally Smith		
Type of Action (Check One)	Tillo	Nanc	Address	
1) Change	VP	Alan Mohl	12380 N.W. 116th Avenue	
Ad d			Medicy, FL 33 178	
X Remove				
2)Change	<u></u>			
Add				
Remove		•		
3) Chimge				
Add				
Remove				
4) Change	,			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			#118000360303	

If amending or adding additional Articles, outer change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	`•
	:
	,
	,,
	,
	,
If an amendment provides for an exchange, reclassification, or cancel mrovisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	intion of issued shares, amendment itself:
	·
	·

The date of each amendment(s) ad	oplion:	if other than the
date this document was signed.		
Effective date [[applicable:	(no more than 90 days after amendment file do	
	(no more than 90 days after amendment file da	tle)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requireurs artiment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cost for the a ficient for approval.	nendment(s)
	oved by the shateholders through voting groups. The follow ach voting group entitled to vote separately on the amenda	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adopted the action was not required.	ted by the incorporators without shareholder action and sha	reholder
Dated_ 11 / 15	2018	
Signature	popper	
selected	ector, president for other afficer — if directors or officers have by an informed for — if in the lunds of a receiver, trustee, o diffiduciary by that induciary)	
	Argenis Contreras	
-	Argenis Contreras (Typed or primed name of person signing)	
	President /CEO (Title of person signing)	
=	(Title of person signing)	