## P16000035883

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		;	





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Caesar's Sports Pu	b & Pizzeria, Inc.	
DOCUMENT NUM	D14000036003		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Joel Deutsch		
		Name of Contact Person	1
	Caesar's Sports Pub & Pizzer	ria, Inc.	
		Firm/ Company	
	10097 Cleary Blvd, #127	Time Company	
		Address	
	Plantation, FL 33324		
	·	City/ State and Zip Cod	0
dale	scoinshop@gmail.com		
		sed for future annual report	notification)
		•	·
For further informati	on concerning this matter, pleas	se call:	
Joel Deutsch		at ( <sup>347</sup>	392-7207
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	For the 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)
An Di P.C	ailing Address mendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Innent Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Caesar's Sports Pub & Pizzeria, Inc.		
(Name of Corporation as curren	ntly filed with the Florida Dept. o	f State)
P16000035882		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Dunedin Fresh, Inc.		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	ted" or the abbreviation
B. Enter new principal office address, if applicable:	1232 County Road 1	~. <del>~</del>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Dunedin, FL 34698	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		THE DE
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		of the
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:	,F	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations o	f the position.
Signature of New	Registered Agent, if changing	<del></del>

## 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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
6) Change				
Add				
Remove				

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

The date of each amendment(s) adoption date this document was signed.	n:	, if other than th
5/2/2016		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, thient of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment of the approval.	ent(s)
	by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholde	r
May 2, 20 6 Dated		
Signature		
(By a dreeter,	, president or other officer - if directors or officers have not be	een
selected by ar	n incorporator - if in the hands of a receiver, trustee, or other	court
appointed fidu	uciary by that fiduciary)	
Joel D	Peutsch	
<del></del>	(Typed or printed name of person signing)	
Presid	ent	
	(Title of narray signing)	