## P16000095659

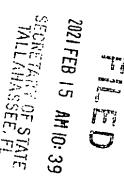
| (Requestor's Name)                      |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI  | on: Flagler  | Hospitality   | Group Inc  |  |
|--|--|---|--|--|
| NAME OF CORPORATI<br>DOCUMENT NUMBER:                              | P14  | 00008565  | 9  |  |
| The enclosed Articles of Ai  | nendment and fee are sul   | bmitted for filing.   |  |  |
| Please return all correspond                                       | lence concerning this mat  | tter to the following:  |  |  |
|  | Geo  | were Gunn   |  |  |
|  |  | Name of Contact Person  |  |  |
|  |  |   |  |  |
|  | 1-100  | ter Hespitale   | ty (Tray).   |  |
|  |  | Firm/ Company   | 0  |  |
|  | 1916 S   | OCEAN Show<br>Address<br>Pr Beuch Tel<br>City/ State and Zip Code | e Bird   |  |
|  |  | Address   |  |  |
|  | Magle  | r Beuch ite   | 32134  |  |
|  | <del>- 9</del>   | City/ State and Zip Code  |  |  |
|  |  |   |  |  |
| E-mail address: (to be used for future annual report notification) |  |   |  |  |
|  | is man address. (to be us  | ed for throse annual report                                       | nonneactor)  |  |
| For first in formation and   | and the state of t | 11.   |  |  |
| For further information con  | cerning this matter, pleas   | se call:  |  |  |
| Georg  | eGunn<br>ntact Person  | 28( <sub>φ</sub>  | 725-1343   |  |
| Name of Co   | ntact Person   | Area Co   | de & Daytime Telephone Number  |  |
| Enclosed is a check for the  | following amount made p  | payable to the Florida Depa                                       | artment of State:  |  |
| \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing .  |  |   | Address  |  |
| Amendment Section  |  | Amendment Section   |  |  |
| Division P.O. Box  | of Corporations  | Division of Corporations  |  |  |
|  | ee, FL 32314   |   | entre of Tallahassee  N. Monroe Street, Suite 810                                      |  |
| 1 0111111433   | eers by Capt FT  |   | N. MORIOC Street, Stree 810  |  |

## Articles of Amendment

to Articles of Incorporation FILED

of

2021 550

|   | ZUZI FEB 15 AM 10: 39   |                                     |  |
|---|---|-------------------------------------|--|
| (Name of Corporation as current   | ly filed with the Horida Dept                                 | <u>, of State</u> )                 |  |
| ριφ σο  | XXX ES QUES QUESTINISSI                                       | r STATE<br>EE, FI                   |  |
| (Document Number of   | of Corporation (if known)                                     | <del></del>                         |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation ad                                 | lopts the following amendment(s) to |  |
| A. If amending name, enter the new name of the corporation:   |   |                                     |  |
|   | Na  | The new                             |  |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | 'company," or "incorporated"<br>A professional corporation na | or the abbreviation "Corp.,"        |  |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | nlic  |                                     |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | nla   |                                     |  |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  |   | ne of the                           |  |
| Name of New Registered Agent George   | Gann  |                                     |  |
| 19165   | Grunn<br>Ocean Shire Blva<br>reel address)                    | <del>(( ·</del>                     |  |
| (Florida st   | reet address)   |                                     |  |
| New Registered Office Address: Floure   | r Beach   | Florida 32/34 (Zip Code)            |  |
| 3   | (City)  | (Zip Code)                          |  |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar  Mayye Menny  Signature of New R                              | with and accept the obligations                               | s of the position.                  |  |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

| Evample: X Change          | <u>PT Jo</u>        | hn Doe        |                        |
|----------------------------|---------------------|---------------|------------------------|
| X Remove                   | <u>V</u> <u>M</u>   | ike Jones     |                        |
| <u>X</u> Add               | <u>SV</u> <u>Sa</u> | ally Smith    |                        |
| Type of Action (Check One) | <u>Title</u>        | Name          | Address                |
| 1) Change                  | <u> P</u>           | Tracey Greene | 1916 Scean shore       |
| Add                        |                     | J             | Flagler Beach, Fl 3212 |
| X Remove                   |                     |               |                        |
| 2) Khange                  | <u> </u>            | George Gunn   | 1916 S Ocean share     |
| Add                        |                     |               | Flogter Beach FL 32136 |
| Remove 3) Change           |                     |               |                        |
| Add                        |                     |               |                        |
| Remove                     |                     |               |                        |
| 4) Change                  |                     |               |                        |
| Add                        |                     |               |                        |
| Remove                     |                     |               |                        |
| 51 Change                  |                     |               |                        |
| Add                        |                     |               | <del>1</del>           |
| Remove                     |                     |               |                        |
| 6) Change                  |                     |               |                        |
| Add                        |                     |               |                        |
| Remove                     |                     |               |                        |

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|   |   |                    |
| mendment provides for an exchange, reclas                                     | ssification, or cancellation of issued shar | es.                |
| sions for implementing the amendment if n<br>if not applicable, indicate N/A) | ot contained in the amendment itself:       |                    |
| ) not applicable, material (V/A)  | nla   |                    |
|   |   |                    |
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|   |   | <del></del>        |
|   |   |                    |

| The date of each amendment(s) adoption:  | 10-7-3030   | 18 and an about all                     |
|--|---|---|
| date this document was signed.   | - / 120-  | , if other than th                      |
| Effective date if applicable:  | 10-7-2020   |   |
|  | (no more than 90 days after amendment file date,  | )                                       |
| Note: If the date inserted in this block document's effective date on the Department | s not meet the applicable statutory filing requirement of State's records.  | ts, this date will not be listed as the |
| Adoption of Amendment(s)   | CHECK ONE)  |   |
| The amendment(s) was/were adopted by taction was not required.                       | he incorporators, or board of directors without shareh  | older action and shareholder            |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f        | he shareholders. The number of votes east for the am or approval.   | nendment(s)                             |
|  | the shareholders through voting groups. The following group entitled to vote separately on the amendment  |   |
|  | mendment(s) was/were sufficient for approval  |   |
| by BOD & Sha   | sichelders  |   |
| 6  | voting group)   |   |
| Dated 2-10- 202  | .]  |   |
| Dated <u>J-10-202</u><br>Signature <u>Horye</u>                                      | Dunn  |   |
| selected, by an i  | resident or other officer – if directors or officers have<br>incorporator – if in the hands of a receiver, trustee, or carry by that fiduciary) |   |
|  | George Gunn (Typed or printed name of person signing)   |   |
| <del></del>  | (Typed or printed name of person signing)   |   |
|  | President.  |   |
|  | (Title of person signing)   |   |