## 9600096585

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SECRETARY OF STATE

TALL ANASSEE FLORIDA

## **COVER LETTER**

10.

Tallahassee, FL 32301

.

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Dog Rose Brewing	Co	
	MBER: P16000096585		
	es of Amendment and fee are sub	mitted for filing.	
Please return all cor	respondence concerning this matt	er to the following:	
	Mark E. Simpson, CPA		
		Name of Contact Person	
	Dog Rose Brewing Co.		
		Firm/ Company	
	24 Cathedral Place, Suite 501	1 min Company	
		Address	
	St Augustine, FL 32084		
		City/ State and Zip Code	:
m	nrk@marksimpsoncpa.com		
	. ,	ed for future annual report	notification)
	,	·	
For further informa	tion concerning this matter, please	call:	
Mark E. Simpson,	CPA	904217743	1
· · · · · · · · · · · · · · · · · · ·		at (at (	de & Daytime Telephone Number
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	ayable 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)
7 U P	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

of Dog Rose Brewing Co (Name of Corporation as currently filed with the Florida Dept. of State) P16000096585 (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: 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." 77 Bridge Street, St Augustine, FL 32084 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 24 Cathedral Place, Ste 501, St Augustine, FL 32084 (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) 24 Cathedral Place, Suite 501, St Augustine New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	COO	Thomas Ryan	870 East Red House Branch Rd
x Add			St Augustine, FL 32084
Remove			
2) Change	CFO	Mark E. Simpson CPA	24 Cathedral Place
<u>x</u>			Suite 501
Remove			St Augustine, FL 32084
3 ) Change			
Add			
Remove			
4) Change			
<b>A</b> dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u></u>

	adding addition al sheets, if nece	ssary). (Be sp	ecific)				
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provisions for	implementing 1	the amendment	if not contain	ed in the amend	of issued share: lment itself:	<u>5.</u>	
(if not app	olicable, indicate	: N/A)					
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	. 6/29/2017		
The date of each amendment(s) ad date this document was signed.	option:		, if other than the
6/29/	2017		
Effective date <u>if applicable</u> :	(no more than 9	00 days after amendment file date)	
Note: If the date inserted in this bl	ock does not meet the applicantment of State's records.	cable statutory filing requirements, this da	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suf		e number of votes cast for the amendment(	(s)
		ough voting groups. The following statem vote separately on the amendment(s):	ent
"The number of votes cast f	or the amendment(s) was/we	re sufficient for approval	
by	(voting group)	<sup>**</sup>	
	(voting group)		
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors	s without shareholder action and sharehold	er
The amendment(s) was/were adopaction was not required.	oted by the incorporators with	hout shareholder action and shareholder	
Dated /Da	117 DO 01	<del></del>	
Signature	rector president or other offi	cer – if directors or officers have not been	
		he hands of a receiver, trustee, or other cou	
	ed fiduciary by that fiduciary)		
_	Donalas C. 1	Murr II name of person signing)	
	(Pyped or printed	name of person signing)	
	President		
	(Title	of person signing)	