P17000035234

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SC	JP MASTER BAR & GRILL INC.					
DOCUMENT NUMBER: P17000038234						
The enclosed Articles of Amendmen						
Please return all correspondence cor	cerning this matter to the following:					
SHRI H ANA	NDAN					
	Name of Contact Person					
SOUP MAS	ER BAR & GRILL INC.					
	Firm/ Company					
1056 MAIN	1056 MAIN STREET					
	Address					
DUNEDIN.	L 34698					
	City/ State and Zip Code					
SOUPMASTER20	7@GMAIL.COM					
	dress: (to be used for future annual report notification)					
	, , , , , , , , , , , , , , , , , , ,					
For further information concerning t	is matter, please call:					
SHRI H ANANDAN	727 520 - 5694					
Name of Contact Per	at (
r 1 1'- 1 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C						
Enclosed is a check for the following	amount made payable to the Florida Department of State:					
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 3	Division of Corporations Clifton Building					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SOUP MASTER BAR & GRILL INC.

The state of the s	<u> </u>
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
17000038234	· ·
(Docu	unent Number of Corporation (if known)
ursuant to the provisions of section 607,1006, Florid s Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the c	corporation:
//A	The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable	N/A
Principal office address MUST BE A STREET ADD	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ON) N/A
If amending the registered agent and/or registe	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	l office address:
Name of New Registered Agent N/A	
	(Florida street address)
	17 107 Kill dir (Cl little) (33)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Reg	gistered Agent:
hereby accept the appointment as registered agent,	l 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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	V	CHARANJIT SINGH	125 WESTHUMBER BLVD
Add			ETOBICOKE, ON, M9W 3M9 CA
X Remove			<u> </u>
2) Change	D	SURINDER K MALHOTRA	61 ROTUNDA STREET
Add			BRAMPTON, ON. L6X 5E3 CA
X Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			4 4
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	es, enter change(s) here: (Be specific)
N/A	
	<u> </u>
 	
F. If an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	Iment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	7.100.1 #	
Effective date <u>if applicable</u> :	7/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	!
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
08/28/2	017	
Dated(Signature	The d Cuarda	
	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	SHRI H ANANDAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	