P170000 43696

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09/11/19--01007--029 **43.75

2019 SEP 11 PH 3: 20

C GOLDEN

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

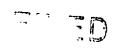
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2661 Executive Center Circle Tallahassee, FL 32301

NAME OF CORPO	DRATION: Munch and Grub F	lospitality Inc	
DOCUMENT NUM	D17000043606		<u>.</u>
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:	
	Cliff Combs		
		Name of Contact Person	n
	Munch and Grub Hospitality	Inc	
		Firm/ Company	
	2600 McCormick Dr #105		
		Address	
	Clearwater Florida 33759		
		City/ State and Zip Cod	e
skip	pc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Cliff Combs		at () 613-8955
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	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)
Mailing Address Amendment Section		Amend	Address Iment Section
	vision of Corporations O. Box 6327		on of Corporations Building

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Articles of Amendment to Articles of Incorporation



MUNCH AND GRUB HOSPITALITY INC.

	7114 SED 11 PH 3: 26
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1700004369	5
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Florida stre	et address)
New Revistered Office Address:	. Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	egistered 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 Doc	FILING CANCELLED	
X Remove	<u>v</u>	Mike Jones	DUE TO RETURNED CHECK	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	P P	Murray Clements	2600 McCormick Dr #105	
Add			clearwater Florida 33759	
X Remove				
2) X Change	P	Cliff Combs	2600 McCormick Dr. #105	
Add			Clearwater, Florida 33759	
Remove				
3) Change				
Add				
Remove				
4) Change	·	_		
Add				
Remove				
5) Change				
Add ·				
Remove				
6) Change				
Add				·
Remove				

E. If amending or adding additional Articles, enter change(s) here:	FILING CANCELLED
(Attach additional sheets, if necessary). (Be specific)	DUE TO RETURNED CHE
	110110-2
	
<u></u>	
F. If an amendment provides for an exchange, reclassification, or cano	cellation of issued shares,
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	e amenoment (tsett:
	· · · ·

FILING CANCELLED DUE TO RETURNED CHECK The date of each amendment(s) adoption: _____

date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(s) nt for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
Dated Signature (By a director selected, by	by the incorporators without shareholder action and shareholder or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary) (Typed or printed name of person signing)
	(Title of person signing)

_____. if other than the