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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR		SEAFOOD AT ROYAL W	OOD, INC	
DOCUMENT NUMB	P17000056879 ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
1	ROBIN SARRO			
-	- · · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n	
1	BILL'S STEAK & SEAFOO	D AT ROYAL WOOD, INC		
•	4300 ROAYL WOOD BLVE	Firm/ Company		
-	NAPLES, FL 34112	Address		
-		City/ State and Zip Cod	e	
	E-mail address: (to be used)		notification)	
ROBIN SARRO		774 at (	244-1084	
Name o	f Contact Person	<del></del>	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  Division of Corporations		Amend	Address Iment Section on of Corporations	
	Box 6327	Clifton	Building	
Tallahassee. FL 32314			2661 Executive Center Circle Tallahassec, Fl. 32301	

Articles of Amendment to

17 JUL 31 AE 10: 33

Articles of Incorporation

अद्रश्चित्रकार । अस्त्रीय के अस्त्रीय के किस्सी

BILL'S STEAK & SEAFOOD AT ROYA	AL WOOD, INC	r yar	,,
(Name s	of Corporation as current	ly filed with the Flori	ida Dept. of State)
	(Document Number of	of Corporation (if know	vn)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpo	ration adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation;		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or	"Co". A professional	The new "incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address. (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS )		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	icable: OFFICE BOX)	1406 CHURCHIL NAPLES, FL 3411	L CIRCLE #PŽ ()
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add	lress in Florida, enter	the name of the
	ROBIN SARRO	<u>s:</u>	
Name of New Registered Agent	1406 CHURCHILL CIRC	CLE (P2Q)	
		reet address)	
New Registered Office Address:	NAPLES	•	34116 . Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if ci	ered agent. I am familiar	ti. with and accept the ob  Registered Agent, if ch	ふ

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 Doc	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Safly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	WILLIAM R SARRO SR	3467 ROYAL WOOD BLVD
Add			NAPLES, FL 34112
X Remove			
2) Change	D	WILLIAM R SARRO	3467 ROYAL WOOD BLVD
X Add			NAPLES, FL 34112
Remove 3) Change	P	ROBIN SARRO	1406 CHURCHILL CIRCL
X Add		<u> </u>	/P2'01
Remove			NAPLES, FL 34116
4) Change	D	THEA SARRO	3467 ROYAL WOOD BLVD
X Add			NAPLES, FL 34112
Remove			
5) Change			
Remove			
5) Change			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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<del></del>	
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·	
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
SULY 24, 2017 Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	tenf
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by"  (voting group)	·
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7.24.17	
Signature Lann a Samo	
(By a director, president or other officer – if directors or officers have not beer selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	
ROBIN SARRO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	