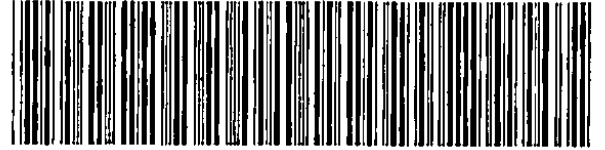


P11000 CRC 9851

812 51st Ave South

St. Petersburg/FL 33705

(Address)



800333964018

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Amend/cu

OCT 22 2019

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TASTE OF THE ISLANDS MARKETPLACE INC

DOCUMENT NUMBER: P17000070827

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZACHARIAH DEAN ARSCOTT

Name of Contact Person

TASTE OF THE ISLANDS MARKETPLACE INC

Firm/ Company

2219 34TH STREET SOUTH

Address

ST PETERSBURG FL 33711

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZACHARIAH DEAN ARSCOTT

Name of Contact Person

at ( 727 )

678-3139

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2019

ZACHARIAH DEAN ARSCOTT 2nd mailing  
812 51st AVE SOUTH  
ST. PETERSBURG, FL 33705

SUBJECT: TASTE OF THE ISLANDS MARKETPLACE, INC.  
Ref. Number: P17000070827

We have received your document for TASTE OF THE ISLANDS MARKETPLACE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 819A00019449

RECEIVED  
2019 OCT 18 4:10:51



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2019

ZACHARIAH DEAN ARSCOTT  
2219 34TH STREET SOUTH  
ST. PETERSBURG, FL 33711

SUBJECT: TASTE OF THE ISLANDS MARKETPLACE, INC.  
Ref. Number: P17000070827

We have received your document for TASTE OF THE ISLANDS MARKETPLACE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 819A00019449

Articles of Amendment  
to  
Articles of Incorporation  
of

TASTE OF THE ISLANDS MARKETPLACE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000070827

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new 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."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

2219 34TH STREET SOUTH

ST PETERSBURG, FL 33711

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

ZACHARIAH DEAN ARSCOTT

812 51 ST AVE SOUTH

(Florida street address)

New Registered Office Address:

St. Petersburg

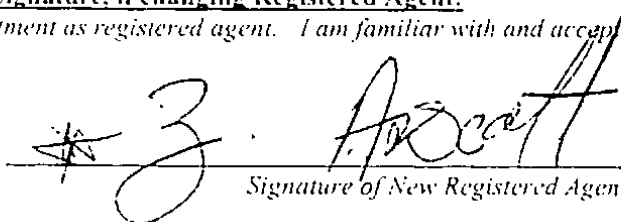
(City)

Florida 33705

(Zip Code)

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CEO	ZACHARIAH DEAN ARSCOTT	812 51 ST SOUTH ST PETERSBURG FL 33705
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	LEO ANDERSON	742 30TH AVE SOUTH ST PETERSBURG FL 33705
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	SHALINE ANDERSON	742 30TH AVE SOUTH ST PETERSBURG FL 33705
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	ALVIN ANDERSON	812 51 ST SOUTH ST PETERSBURG FL 33705
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than 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 does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

09/03/2019  
Dated \_\_\_\_\_

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ZACHARIAH DEAN ARSCOTT

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO :

\_\_\_\_\_  
(Title of person signing)