P17000072486

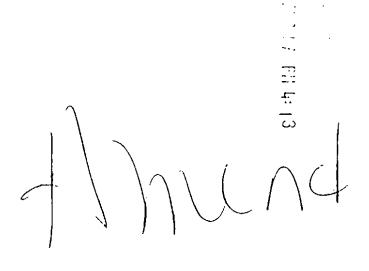
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: Paradise Kitchens	SRQ Inc			
	JMBER: P17000072486				
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.			
Please return all co	orrespondence concerning this ma	tter to the following:			
	Angela Thebert				
	Name of Contact Person				
	Paradise Kitchens SRQ Inc				
	* #4 (#1178 ⁴ 1#11)	Firm/ Company			
	455 N. Lime Ave				
		Address			
	Sarasota, FL 34237				
	 	City/ State and Zip Code	2		
	paradisekitchenssrq@gmail.c	om			
	E-mail address: (to be us	sed for future annual report	notification)		
For further inform April Costello	ation concerning this matter, pleas	se call: at (587-4327		
Na	me of Contact Person		de & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fe	E S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
, 1	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment Articles of Incorporation of

Paradise Kitchens SKQ Inc	
(Name of Corporation as currently 1	iled with the Florida Dept. of State)
P17000072486 (Document Number of C	(C)
\ (Document Number of C	orporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Statutes</i> , the statutes of the statutes o	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A p "chartered," "professional association." or the abbreviation "P.A."	
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:	7020
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Florida street	address)
New Registered Office Address:	ry) (Zip Code)
10	in) (Exp Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Page	stered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VT	Scott Thebert	455 N. Lime Ave
X Add			Sarasota, FL 34237
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			-

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
<u>,,</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder ac-	tion and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	u(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
August Dated		
Signature		
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other consisted fiduciary by that fiduciary)	
	Angela Thebert	
	(Typed or printed name of person signing)	
	PST	
	(Title of person signing)	