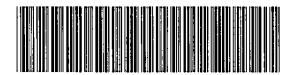
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COVER LETTER

TO: Amendment Section 2
Division of Corporations

DOCUMENT NUMBER: Please return all correspondence concerning this matter to the following: Demetrios Salivaras	NAME OF CORPOR	ATION: Day Break Cafe of	Tarpon Springs, Fl 34689	
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Demetrios Salivaras	DOCUMENT NUMB	ER: P17000079975		
Demetrios Salivaras Name of Contact Person			omitted for filing.	
Name of Contact Person	Please return all corres	pondence concerning this mat	ter to the following:	
Day Break Cafe of Tarpon Springs Firm/ Company		Demetrios Salivaras		
Firm/ Company 495 Riverside Drive Address Tarpon Springs Florida 34689 City/ State and Zip Code dsalivaras@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demetrios Salivaras Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clitton Building	•		Name of Contact Person	1
Address Tarpon Springs Florida 34689 City/ State and Zip Code dsalivaras@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demetrios Salivaras Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Aniendment Section Division of Corporations Clitton Building		Day Break Cafe of Tarpon Sp	orings	
Address Tarpon Springs Florida 34689 City/ State and Zip Code dsalivaras@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demetrios Salivaras Name of Contact Person Tarpon Springs Florida 34689 Termil address: (to be used for future annual report notification) Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State: State: Street Address Amendment Section Division of Corporations P.O. Box 6327 City/ State and Zip Code Attended Terminal Address Address Amendment Section Division of Corporations Clifton Building City State and Zip Code Attended Terminal Address Amendment Section Division of Corporations Clifton Building			Firm/ Company	
City/ State and Zip Code dsalivaras@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demetrios Salivaras Name of Contact Person Name of Contact Person The Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Salivaras Street Address Amendment Section Division of Corporations P.O. Box 6327 City/ State and Zip Code Asalivaras Applications Area Code & Daytime Telephone Number State: Street Address Amendment Section Division of Corporations Clifton Building		495 Riverside Drive		
City/ State and Zip Code dsalivaras@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demetrios Salivaras At 727			Address	
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) Demetrios Salivaras		Tarpon Springs Florida 34689)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demetrios Salivaras	•		City/ State and Zip Cod	e
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demetrios Salivaras	dealiv	aras@amail.com		
For further information concerning this matter, please call: Demetrios Salivaras	Godiff	-	ed for future annual report	notification)
Demetrios Salivaras Name of Contact Person Binclosed 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 Certificate of Status Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Area Code & Daytime Telephone Number State: □ \$43.75 Filing Fee & □ \$552.50 Filing Fee Certified Copy Certificate of Status Certified Copy (Additional Copy is enclosed) Street Address Amendment Section Division of Corporations Division of Corporations Clifton Building		12 (1111) 40 40 40	· · · · · · · · · · · · · · · · · · ·	,
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc	For further information	concerning this matter, pleas	e call:	
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc	Demetrios Salivaras		727 at (946-2582
S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 S43.75 Filing Fee & St3.75 Filing Fee & S52.50 Filing Fee Certified Copy Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional Copy is Certified Copy (Additional Copy is enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed) (Additional copy is Certified Copy (Additional Copy is enclosed)	Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	□ \$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy
Taliahassee, FL 32314 2661 Executive Center Circle	Ame Divi P.O.	ndment Section sion of Corporations Box 6327	Ameno Divisio Cliiton	Iment Section on of Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Day Break Cafe of Tarpon Springs Inc

(Name of Corporation as currently fi	led with the Florida Dept. of State	<u>:</u>)		<u> </u>
P17000079975		•		
(Document Number of Co	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the	followin	g amene	dment(s) to
A. If amending name, enter the new name of the corporation:				
			_The .	new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co vord "chartered," "professional association," or the abbreviation "P.:	". A professional corporation nan			
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)				_
				_
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OF FICE BOX)		ون <u>أمل</u> - نور <u>- مل</u>	20	_
			<u>ਹ</u>	_17
		•	r\)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the		3	
Name of New Registered Agent			<u></u>	
		<u>.</u>		
(Florida street	address)			
New Registered Office Address:	, Florida		,	
C	iv)	(Zip c	ode)	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent.—I am familiar with	i and accept the obligations of the p	osition.		
	stered 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	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	Andreas Salivaras	495 Riverside Dr
Add			Tarpon Springs
X Remove			Florida 34689
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)			
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	·	· · · · · · · · · · · · · · · · · · ·		
	-			
		<u> </u>		
				
		-		
If an amendment provides for an exch	iange, reclassification	on, or cancellatio	n of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the amen	dment itself:	
_			·	

The date of each amendmen		, if other than th
date this document was signed Effective date if applicable:	November 17, 2017	
,	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	ite will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Nove Dated	mber 17, 2017	
Signature		
(I s)	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other courppointed fiduciary by that fiduciary)	
	Demetrios Salivaras	
	(Typed or printed name of person signing)	
	TRESIDENT	
	(Title of person signing)	