P180058320

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: KULIK FAMILY F	RESTAURANTS, INC.	
DOCUMENT NUN	IBER:		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	John K. Carter		
		Name of Contact Person	n
	Carter Reymann Law, P.A		
		Firm/ Company	
	9500 Koger Blvd., Suite 11	• •	
	5500 Roger Biva., Saite 11		
		Address	
	St. Petersburg, FL 33702		
		City/ State and Zip Cod	e
johr	n@crflalaw.com		
-	_	sed for future annual report	notification)
		•	
For further informati	on concerning this matter, pleas	se call:	
John Carter		at (727	456-8970
Name	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:
S35 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)
Ar Di P.	nendment Section vision of Corporations O. Box 6327 Hahassee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Kulik Family Restaurants, Inc.				
(Name o	of Corporation as curren	tly filed with the Florida De	pt. of State)	
P18000058320				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendr	ment(s) to
A. If amending name, enter the new na	ime of the corporation:			
N/A			The ne	ew.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	"Co". A professional corpo	porated" or the abbreviation	on
B. Enter new principal office address,	if applicable:	N/A		_
(Principal office address MUST BE A S				_
				-
			<u> </u>	_
C. Enter new mailing address, if appli	cable:	N/A	SEP SEP	T
(Mailing address MAY BE A POST)	OFFICE BOX)		<u>アラ・</u>	- T
			(The	- (T) - (T)
)
		-	77.	-
D. If amending the registered agent an new registered agent and/or the new			ame of the	
-	N/A			
Name of New Registered Agent				
	/Pl 1			
	(rioriaa s	treet address)		
New Registered Office Address:		(City)	, Florida(Zip Code)	_
		10ti) y	12η/ (, θαε)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligation	ons 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.

X Change	PT	John Doe			
X Remove	<u>y</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	D	Dmytro Kuli	ik	6601 Westshre Blvd.	
X Add				Apt. 1307	
Remove				Tampa, FL 33616	_
2) Change		_			
Add					
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: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A) N/A	

. N/A The date of each amendment(s) adoption:	if other than the
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 wi document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ 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. 08/29/2018 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)	
Maksum Kulik	
(Typed or printed name of person signing)	
Director & President	

(Title of person signing)

CORPORATE RESOLUTION OF SOLE DIRECTOR

The undersigned, being the sole director, sole shareholder and President of Kulik Family Restaurants. Inc. (formerly, New Bay Cuisine III Inc.). (the "Corporation") hereby resolves to transfer fifty percent (50%) of his ownership interest of Kulik Family Restaurants. Inc., a for profit Florida Corporation, to Dmytro Kulik, his father, and to name Dmytro Kulik as Director. For the purpose hereof, the undersigned, being the sole Director, shareholder and President of the Corporation, is hereby authorized to execute on behalf of the Corporation all such conveyances, transfers and other documents of the Corporation and to do all things necessary to give effect to this resolution.

The undersigned President of the Corporation hereby certifies that:

- 1. The foregoing is a true copy of a resolution of the sole director of the Corporation adopted on August 29, 2018 and that resolution is still in full force and effect; and
- 2. The undersigned is the sole director and President of the Corporation on the date indicated below.

I hereby certify there is no corporate seal.

Dated this 29th day of August 2018.

Maksym Kulik

STATE OF FLORIDA

) ss.

)

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me on this August 29, 2018, by Maksym Kulik.

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> SURY THE	Notary Public State of Florida	3
2 : M 2 : :	John K Carter	4
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S O VO	Expires 05/17/2020	₹
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NOTARY PUBLIC (State of Florida)

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Personally Known ____ OR Produced Identification ____

Type of Identification Produced: UKraine Driver's License