P190000 61756

| | Requestor's Name) | |
|----------------------|-------------------------|----------|
| (| Address) | |
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| (| City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| | Business Entity Name) | <u>.</u> |
| | Document Number) | |
| Certified Copies | Certificates of § | Status |
| Special Instructions | to Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: CLEARVIEW HO | SPITALITY, INC | |
|-------------------------|---|--|--|
| DOCUMENT NUM | D18000061756 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | espondence concerning this ma | tter to the following: | |
| | JASON CHOY | | |
| | | Name of Contact Persor | 1 |
| | CLEARVIEW HOSPITALIT | Y. INC | |
| | | Firm/ Company | |
| | 119 SUNWOOD CT | | |
| | | Address | |
| | KISSIMMEE FL 34743 | | |
| | | City/ State and Zip Code | <u>:</u> |
| JCH | OY32@YAHOO.COM | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | on concerning this matter, pleas | se call: | |
| JASON CHOY | | at (404 | 7698222 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made [| payable to the Florida Depa | rtment 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 Street Address

Amendment Section
Division of Corporations
Clifton Building



July 13, 2019

JASON CHOY 6750 N ANDREWS AVENUE FORT LAUDERDALE, FL 33309

SUBJECT: CLEARVIEW HOSPITALITY, INC.

Ref. Number: P18000061756

We have received your document and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

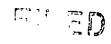
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 619A00014200

Claretha Golden Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of



| CLEARVIEW HOSPITALITY, INC | 2019 JH 23 AM 10: 1 |
|--|---|
| (Name of Corporation as cur | rently filed with the Florida Dept. of State) |
| P18000061756 | |
| (Document Numb | ber of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation: | this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation | <u>n:</u> |
| CITADEL HOSPITALITY GROUP. INC | The new |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat | ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| (Muning address MAT SEA FOST OFFICE BOA) | |
| | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add | |
| Name of New Registered Agent | |
| (Floria | da street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent is the supposite the Appointment as registered agent. I am familiate the supposite the suppos | gent: liar with and accept the obligations of the position. |
| Signature of N | ew 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: X Change | <u>PT</u> | <u>John Do</u> | <u>oe</u> | |
|-------------------------------|--------------|----------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jo | ones . | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Tîtle</u> | | <u>Name</u> | <u>Addres</u> s |
| 1)Change | | _ | | |
| Add | | | | |
| Remove | | | | _ |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | <u> </u> |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| Kemove | | | | |
| δ) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| | ng additional Art Pets, if necessary). | (Be specific) | | | | |
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| an amendment pro | ovides for an excl | ange, reclassific | ation. or cancell | lation of issued sh | iares. | |
| <u>provisions for imple</u> | ementing the ame | ndment if not co | ntained in the a | mendment itself: | | |
| (. / | 2, indicate N/A) | | | | | |
| (if not applicable | | | | | | |
| (if not applicable | | | | | | |
| (if not applicable | | - | | · · · · | | |
| (if not applicable | | | | | | |
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| (if not applicable | | | | | | |

| | doption:, if other than |
|---|---|
| date this document was signed. | 22/2010 |
| Effective date if applicable: | 22/2019 |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were ad by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): |
| "The number of votes cash | t for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| action was not required. | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder |
| 07/22/2019 | 9 |
| Dated | |
| Signature |) Oly |
| (By a c selecto | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |
| | JASON CHOY |
| | (Typed or printed name of person signing) |
| | (1 yped of printed name of person signing) |
| | PRESIDENT |