# P180000 93059

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	rion: <u>State</u>	Side Kava,	Inc
	: <u>P180000</u>	•	
The enclosed Articles of 2	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this mat	tter to the following:	
	St	eve Cham Name of Contact Person	berland
		Firm/ Company	
_	3511	20th Ave.	SW
_	Lag	City/ State and Zip Code	774
	E-mail address: (to be us	ve @ 50 lea	holification)
For further information co	ncerning this matter, pleas	e call:	
Steve (	<u>Chamberlano</u>	A at ( 727	
		payable to the Florida Depa	•
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)

#### **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

### **Articles of Amendment**

to

## Articles of Incorporation

of

	State Side	kava, Inc.	
( <u>Name of</u>	Corporation as currently for	iled with the Florida Dept	. of State)
	P180000930	059	
	(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Flo	orida Profit Corporation ac	lopts the following amendment(
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	nion "Corp," "Inc," or "Co	". A professional corpora	orated" or the abbreviation
B. Enter new principal office address, i			<del></del>
(Principal office address MUST BE A ST	<u>REET ADDRESS</u> )		ton
C. Enter new mailing address, if applic			A S F
(Mailing address <u>MAY BE A POST O</u>	<u>TFICE BOX</u> )		
1) 16 P	11		
<ul> <li>If amending the registered agent and new registered agent and/or the new</li> </ul>		s in riorida, enter the hair	<u>ne or the</u>
Name of New Registered Agent	Darkoe o Ba	engles	
Name of New Registered Agent		<u> </u>	
	(Florida street	address	
	المحالم مالم	(dai/ (33)	(C) > 1
New Registered Office Address:	CANAS ACKS	<del></del>	, Florida (Vin Code)
	(	,	(rap since)
New Registered Agent's Signature, if ch			
I hereby accept the appointment as registe	red agent. I am familiar with	n and accept the obligation.	s of the position.
	Signature of New Reg	istered Agent, if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</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	I	Lance Barnes	5220 73 <sup>-d</sup> Ave. N
Add			Pinallas Park, Fr 33781
2) Change Add			
Remove			
3 ) Change Add	•		
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			
Add			
Remove			<u> </u>

f 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)	additional Articles, enter change(s) here: s. if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:	or y morrows (in the specific)
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(if not applicable, indicate N/A)	penting the amendment if not contained in the amendment itself:
	indicate N/A)
	· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s) adoption:	, if other than
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 document's effective date on the Department of State's records.	will not be listed as
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)	
(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.	
Dated 2-20-19	
3 also	
Signature	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Stara Ol la ala d	
Steve Chamberland (Typed or printed name of person signing)	<u> </u>
President	
(Title of person signing)	