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SECRETARY OF STATE ALLAHASSEF, Fronto

JAPR 17 WILL

COVER LETTER

Division of Corporations lospitality Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: ☐ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee

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Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

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Articles of Amendment

to
Articles of Incorporation

Far From ho	ring Hospita	ality Inc
	atly filed with the Florida Dept. of State)	()
	3295	<u>_</u> _
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation: The property of the distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Sane	
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		
Name of New Registered Agent)	
(Florida s	street address)	<u></u>
New Registered Office Address:	(City) Florida	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		ition.
		20 32 341
Signature of New	Registered Agent, if changing	FILEL 19 APR 17 AH I CAE TARY OF 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: XChange	<u>PT</u>	John Do	<u>oe</u>			
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		_				
Add						
Remove						
2) Change						
Add		_				
Remove						
3) Change		_				
Add						
Remove						
4) Change		_	· · · · · · · · · · · · · · · · · · ·			
Add						
Remove						
5) Change						
Add						
Remove						
6) Charas						
6) Change		-				
Add						
Remove						

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
	
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. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
·	

The date of each amendment(s) adoption:	, if other than the
late 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 locument's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes east 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 4-5-19	
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)	
(Typed or printed name of person signing)	
Owner	
(Title of person signing)	