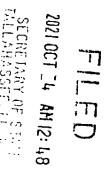
## P21000061428

Office Use Only



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10/04/21--01040--002 \*\*35.00



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SHOWTIME DAN	ICE HALL INC	
DOCUMENT NUMB	ER: P21000061428		* 11
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	BRENDA JEPSON		
,		Name of Contact Person	i
	TRIM BOOKKEEJPING & 1	TAX SERVICE INC	
		Firm/ Company	
	800 ZEAGLER DRIVE STE		
		Address	<del></del>
	PALATKA, FLORIDA 3217	7	
		City/ State and Zip Code	2
	BRENDAJEPSON51@GMA	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
BRENDA JEPSON		386	de & Daytime Telephone Number
Name o	f 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:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Aine Divi P.O.	ting Address Induct Section Is of Corporations Box 6327 Is that Section 12314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT 14 AM 12: 49

to

SHOWTIME DANCE HALL	SECRETARY OF STATE
(Name of Corporation as curr	rently filed with the Florida Dept. of State) 11.550.1.
P21000061428	
(Document Numb	per 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
A. If amending name, enter the new name of the corporation	<u>n:</u>
ESG EATERY & ENTAINMENT INC	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	637 US HWY 17 NORTH
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	PALATKA, FLORIDA 32177
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address</li> </ul>	
	11 055.
Name of New Registered Agent N/A	
(Flori	da street address)
New Registered Office Address:	, Florida
	(Lip Code)
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fami	gent: liar with and accept the obligations of the position.
Signature of N	lew Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.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:

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	_	N/A	
Add			<u>.                                    </u>
Remove			
2) Change		N/A	
Add			
Remove 3) Change	<del>-</del>	N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

		(Be specific)				
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If an amendment provide	<u>s for an excha</u> ting the amen	dment if not con	tained in the ar	andmont it alf.		
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If an amendment provide provisions for implemen (if not applicable, ind	ung the amen	dment if not con	tained in the an	endment itself:		
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	N/A	
The date of each amendment(s) adop date this document was signed.	ion:	, if other than
Effective date if applicable:		
	(no more than 90 day:	s after amendment file date)
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable ment of State's records.	statutory filing requirements, this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice		iber of votes east for the amendment(s)
☐ The amendment(s) was/were approvemust be separately provided for each		voting groups. The following statement separately on the amendment(s):
"The number of votes east for	he amendment(s) was/were suf	ficient for approval
by		·```
	(voting group)	
09/28/2021		
Dated	<u> </u>	-
Signature LO	NOOD	
(By a direct	or, president or other officer - i	f directors or officers have not been
selected, by appointed f	an incorporator – if in the hand iduciary by that fiduciary)	ds of a receiver, trustee, or other court
	EHALL	
<del></del>	(Typed or printed name	of person signing)
PRI	SIDENT	, <u> </u>
	(Title of person signing)	