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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: DALE'S BAR-B-C), INC.	
	MBER: P96000058701		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ANDREW J. SPARKS		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
		Firm/ Company	
	6001 NW TELFORD AVE		
		Address	
	PORT ST. LUCIE, FL 34983	3	
		City/ State and Zip Code	2
	sparks@teamipsports.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se call:	
ANDY J. SPARKS	;	at (⁷⁷²	3984664 de & Daytime Telephone Number
Nam	e 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:
■ \$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———————————————————————————————————
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co	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

DALE'S BAR-B-Q, INC.				
(<u>Name</u>	of Corporation as currently	v filed with the Florida Dept. of State)		
P96000058701				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the follow	ving amendment(s	s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contained association." "chartered," "professional association."	${\it Corp.}$ "Inc." or " ${\it Co.}$ ". ${\it A}$	ompany," or "incorporated" or the abbrevio professional corporation name must con	ation "Corp.," tain the word	
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		2020	
			2020 HAY	:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6001 NW TELFORD AVE		, ;
(Manny duaress MATT DE ATT OST	orr religion,	PORT ST. LUCIE, FL 34983	A 1 10: 28)
				
D. If amending the registered agent ar				
new registered agent and/or the new				
Name of New Registered Agent	ANDREW J. SPARKS			
	6001 NW TELFORD AVE			
	(Florida stre	et address)		
New Registered Office Address	PORT ST. LUCIE, FL , Florida		3	
		(City) (Z	ip Code)	
Now Designational Assessment Street, S	handa Dadasa Asaa			
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. \[am familiar w	ith and accept the obligations of the positio	n.	
	1			
		rgistered Agent, if changing		
	Signature of Ney Re	зімегей луеті, ў спапуту		
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)

Example:

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D	_	DANIEL B. KINSER	3362 S. US. HIGHWAY I
Add				FT PIERCE, FL 34982
X Remove				
2) Change	PD	_	ANDREW J. SPARKS	6001 NW TELFORD AVE
X Add				PORT ST. LUCIE, Fl. 34983
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued spotsions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
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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 the document's effective date on the	s block does not meet the applicable statutory filing requirements, th Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendnesufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendment(s):	atement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
3/10/20 Dated	20	
Signature	Don't & Ash	
	a director, president or other officer – if directors or officers have not b	een
	cted, by an incorporator - if in the hands of a receiver, trustee, or other	court
арр	pinted fiduciary by that fiduciary)	
	DANIEL B. KINSER	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	