Elonida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H22000183283 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000183283 3)))



H220001832833ABC\$

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : I20190000128 Phone : (850)769-3434 Fax Number : (850)769-6121

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jason@beachsideliquor.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN B & S LIQUORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

brumo

Page: 3 of 7

H22000183283 3

## **COVER LETTER**

			•		•		
TO: Amendment Sec		• • •					
Division of Corp	porations			•	•		
			٠.				•
NAME OF CORPO	RATION: B&S Liquors, Inc			· ·	•	•	
DOCUMENT NUM	BER: \$18129	<u> </u>					
The anclused decides	s of Amendment and fee are.su	h	•				
		, ,					
Please return all corre	espondence concerning this ma	tter to the following:					
•,			• •			٠.	
	Kevin D. Obos, Esq.	Name of Contact F					
	•	· ,	erson				
	Hand Arendall Harrison Sale						
		Firm/ Compan	у				
••	304 Magnolia Avenue						
		Address			•		
•	Panama City, Florida 32401				•	,	
		City/ State and Zip	Code .	<del></del>			
•		•		•	•	~ 3	
	jason@beachsideliquor.com				20 T	32	
	E-mail address; (to be us	ed for future annual re	port notification)	•		7:5	4
					-	7.7	
For further informatio	n concerning this matter, pleas	e call:				5	
	•	•	•				
Stephanie Slack		at (850	769-3434		•	= -	
Name o	of Contact Person	Are	a Code & Daytime Tele	phone Number		<del></del>	
Enclosed is a check for	r the following amount made p	ayable to the Florida	Department of State:			ယ္	
. See Car Cillian Can	Meangaine in a	□ <b>643.76</b> 000 0					
S35 Filing Fee	Certificate of Status	☐\$43.75 Filing Fee Certified Copy	& []\$52.50 Filing Certificate of S		•		
•	Continent of Status	(Additional copy is					
		enclosed)	(Additional Co				
	•		is enclosed)				
	ling Address	Str	eet Address				
	ndment Section	An	nendment Section	•			
	sion of Corporations		rision of Corporations				
	Box 6327 thassee, FL 32314		e Centre of Tallahasse 15 N. Monroe Street,			,	
raite			lahassee, FL 32303	Suite 810			

H22000183283 3

## Articles of Amendment to Articles of Incorporation of

014100	of Corporation as currently filed with the Florida Dept. of State)		
\$18129			
	(Document Number of Corporation (if known)		
Pursuent to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the fol	lowing ame	endineni(s) to
A. If amending name, enter the new na	ime of the corporation:		
		77	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	the word "corporation," "company," or "incorporated" or the abbre orp," "Inc," or "Co". A professional corporation name must of or the abbreviation "P.A."	eviation "Ce	orp"
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>		···	<del></del>
C. Enter new mailing address, if applic	rable:		
(Mailing address MAY BE A POST O			
			67
	The state of the s		
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>	for registered office address in Florida, enter the name of the		24
		7 Th	<del></del> •
Name of New Registered Agent	Jason P. Oakes		
-	750 1/2 W. 15th Street		<del></del> ~
<u>-</u>	750 1/2 W. 15th Street (Florida street address)	<del></del>	1: 35
New Registered Office Address:	(Florida street address)	1 : : : : : : : : : : : : : : : : : : :	: ଧ ଧ ଆ

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

H22000183283 3

From: Panama City Receptionist

## 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:

2022-05-24 08:03:58 CDT

(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 field. 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	PT John I	<u> Doc</u>	. • •
X Remove	<u>Y</u> <u>Mike</u> .	lones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D, S	Myrtice Simms	1789 Jenkins Blvd.
Add			Bonifay, FL 32425
X Remove			
2) Change	D, P	James Neal Simms	1840 Jenkins Road
Add		•	Bonifay, FL 32425
X Remove Change	D. VP	David L. Simms	41 Walton Bornta Drive
Add			Alys Beach, FL 32461
X Remove			
4) Change	D	Regina S. Hedbawny	137 Grand Lagoon Shores Drive
Add			Panama City Beach, FL 32408
X Remove			
5) Change	<u>D</u>	Melisa A. Simms	142 Cottonwood Circle
Add			Lynn Haven, FL 32444
X Remove			
6) Change	<u>P</u>	Jason P. Oakes	750 1/2 W. 15th Street
X Add			Panama City, FL 32401
Remove		•	•
7) _X_ Add	VP, S, T	Amanda Oakes	750 1/2 W. 15th Street Panama City, FL 32401

Page: 6 of 7

- H22000183283 3

	cles, enter change(; . (Be specific)	•			•	
			•	•		
		· · · · · · · · · · · · · · · · · · ·				
	•				•	
		•••		<del> </del>		
•			٠.			
***		<del></del>				
		•			•	`
					·····	<del></del>
		•				
			·	-		<del></del>
•						
	<u>-</u>					
·	•	•				
			·		<del></del>	
	•					
	•			•	<del></del>	
			,			<del></del> .
	**					
				~~~~		
•	·					. —
		٠.				
	nge, reclassificatio	n, or cancellatio	n of issued s	hares,		
n amendment provides for an excha		and in the case	dment itself		•	
n amendment provides for an excha ovisions for implementing the amen	dment if not conta-	med in the amer		_		
n amendment provides for an excha ovisions for implementing the amen (if not applicable, indicate N/A)	dment if not conta	med m the amer		_		
n amendment provides for an exchapations for implementing the amen (if not applicable, indicate N/A)	dment if not conta	med in the anter		<u>.</u>		
n amendment provides for an excha ovisions for implementing the amen- (if not applicable, indicate N/A)	dment if not conta	ned in the amer				
n amendment provides for an excha ovisions for implementing the amen- (if not applicable, indicate N/A)	dment if not conta	ned in the anter		<u>-</u>		<del></del>
n amendment provides for an excha ovisions for implementing the amen- (if not applicable, indicate N/A)	dment if not conta	med in the amer			-	
n amendment provides for an excha ovisions for implementing the amen (if not applicable, indicate N/A)	dment if not conta	net in the amer				
(IJ not applicable, indicate N/A)	dment if not conta	net in the amer				
(II not applicable, indicate N/A)		net in the amer				
(IJ not applicable, indicate N/A)		net in the amer				
(IJ not applicable, indicate N/A)		net in the amer				
(IJ not applicable, indicate N/A)		net in the amer				
(If not applicable, indicate N/A)		ned in the amer				
(IJ not applicable, indicate N/A)		med in the amer				
(II not applicable, indicate N/A)						
(ij noi applicable, indicate N/A)						

## H22000183283 3

date this document was s		nan the
Effective date if applica	ble:	
	(no more than 90 days after amendment file date)	
	d in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.	as the
Adoption of Amendmen	d(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) wa action was not require	s/were adopted by the incorporators, or board of directors without shareholder action and shareholder d.	
■ The amendment(s) wa by the shareholders w	s/were adopted by the shareholders. The number of votes east for the amendment(s) as/were sufficient for approval.	
☐ The amendment(s) wa must be separately pr	s/were approved by the shareholders through voting groups. The following statement ovided 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)	•
Dated_	5/24/22	
Signatu	(By a director, president of 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)	
	Jason P. Oakes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	