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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SHIP OPI		PPLY, INC.
DOCUMENT NUMBER: P09000031	186	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
DOLORES M.		
SHIP OPERAT	Name of Contact Person	-
44689 WOODL	Firm/ Company AND CIRCLE	=
CALLAHAN, F	Address L 32011	
	City/ State and Zip Code	9
sos4468@yahoo.		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
DOLORES M. PRICE	_{at (} 904	,403-4325
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:
\$35 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 Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

(Downword Number of Company)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the able "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must coword "chartered," "professional association," or the abbreviation "P.A."	breviation ontain the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	,
Name of New Registered Agent DOLORES M. PRICE	SEC SEC
44689 WOODLAND CIRCLE	
(Florida street address) New Registered Office Address: CALLAHAN Florida Street	FILLU FILU FI
(City) (Zip Code)	STAIL PLANTE
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	- ','

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	PT John	1 Doe	
X Remove	V Mik	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PRES	EDWARD M. REPPER	44689 WOODLAND CIRCL!
Add			CALLAHAN FL 32011
Remove			
2) Change	DIR	DOLORES M. PRICE	44689 WOODLAND CIRCL
Add			CALLAHAN FL 32011
Remove			
3) Change		www.	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	***************************************		
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained (if not applicable, indicate N/A)	
provisions for implementing the amendment if not contained	
provisions for implementing the amendment if not contained	
provisions for implementing the amendment if not contained	
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provisions for implementing the amendment if not contained	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	cancellation of issued shares,

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
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 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 2-24-14 Signature Wolores M Price	
(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)	
DOLORES M. PRICE	
(Typed or printed name of person signing)	
DIRECTOR Dolores M. Price	
(Title of person signing)	