P10000040304

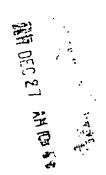
(Requ	uestor's Name)	- -
(Addı	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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DEC 29 2017

COVER LETTER

Division of Corporations
SUBJECT: PARTY Time Charter Services Inc.
DOCUMENT NUMBER: P 100000 40304
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Party Time Charter Sorvices, Inc.
6771 Hinters Rd.
Mayles FC 34109 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samue Laine at (239) 272-3580 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

Articles of Amendment

	Articles of Incor	rporation		0.
PARTY Time Ch (Name of Corpo P1000004034	or 440 t= 0	SERVICES	TIL	(CP)
(Name of Corno	ration as currently	iled with the Florida	Dent. of State)	1.
P 1 000 00 140 314				•,
(Do		Corporation (if known)		
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	orida Statutes, this F1	orida Profit Corporati	on adopts the following	g amendment(s)
. If amending name, enter the new name of th	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	Corp," "Inc," or "Ce	o". A professional co		
B. Enter new principal office address, if application	able:			
Principal office address MUST BE A STREET A				
			-	
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
. If amending the registered agent and/or regi		s in Florida, enter the	a name of the	
new registered agent and/or the new register	red office address:			
Name of New Registered Agent				
	(Florida street	t address)		•
New Registered Office Address:			, Florida	
	(C	ity)	(Zip C	.ode)
New Registered Agent's Signature, if changing hereby accept the appointment as registered agen		h and accept the obliga	ations of the position.	
	. 9		5 4	
	signature of New Reg	istered Agent, if chang	ging	

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 I	Doc	
X Remove	<u>V</u> <u>Mike</u>	dones	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>D</u>	GREGORY ZATINO	6771 HUNTERS RO WAPLES, FL 34109
Add			NAPLES, FL 34109
Kemove		_	
2) Change	PD	SUSANNE ZAIN	6771 Hunters Re Naples, Fr. 34109
Add			Maples, Fr. 34109
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	- 		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
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f an umandment neguidou foe an ayah	nange, reclassification, or cancellation of issued shares,
i an anichument movides im an esci-	lange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
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provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 12/26/14	
(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 document's effective date on the Department of State's records.	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 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)	
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 $\frac{12 36 14}{26}$ Signature $\frac{1}{2}$	
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)	
() NA 7/11/15	
(Typed or printed name of person signing)	
(Typed of printed name of person signing)	
Director	
(Title of person signing)	