## 430475

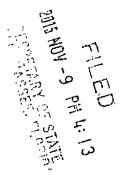
| (R                      | equestor's Name)      |                |
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| PICK-UP                 | WAIT                  | MAIL           |
| (B                      | usiness Entity Name   | )              |
| (D                      | ocument Number)       |                |
| Certified Copies        | Certificates c        | of Status      |
| Special Instructions to | Filing Officer:       |                |
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_Spring Corporation DOCUMENT NUMBER: 430475 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kelle Jones Name of Contact Person Transoceanic Corp. Firm/ Company 19495 Biscayne Blvd., Suite 805 Address Aventura, FL 33180 City/ State and Zip Code Kelle@transoceaniccorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 935-2100
Area Code & Daytime Telephone Number Kelle Jones Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

| ly filed with the Florida Dept. of State)   |
|---|
|   |
| f Corporation (if known)  |
| Florida Profit Corporation adopts the following amendment(s) to   |
|   |
| The new   |
| on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |
| N/A S T   |
|   |
|   |
|   |
| N/A   |
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|   |
|   |
| ress in Florida, enter the name of the  |
| <u>''</u>   |
|   |
| berg, Suite 1900, 1200 Brickell Avenue,   |
| reet address)   |
| , Florida   |
| (City) (Zip Code)   |
| :<br>with and accept the obligations of the position.   |
|   |
| <u> </u>  |
| Registered Agent, if changing   |
|   |

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.

| X Change                   | <u>PT</u>   | John Doe                |                                 |  |  |  |
|----------------------------|-------------|-------------------------|---------------------------------|--|--|--|
| X Remove                   | <u>v</u>    | Mike Jones              |                                 |  |  |  |
| X Add                      | <u>sv</u>   | Sally Smith             |                                 |  |  |  |
| Type of Action (Check One) | Title       | <u>Name</u>             | Address                         |  |  |  |
| 1) Change                  | DS          | Deborah Benachenhou     | 19495 Biscayne Blvd., Suite 805 |  |  |  |
| Add                        |             |                         | Aventura, FL 33180              |  |  |  |
| X Remove                   |             |                         |                                 |  |  |  |
| 2) Change                  | DVS         | Annischka Holmes-Moncur | 19495 Biscayne Blvd., Suite 805 |  |  |  |
| X Add                      |             |                         | Aventura, FL 33180              |  |  |  |
| Remove                     |             |                         |                                 |  |  |  |
| 3) X Change                | DPT         | Andrew Massie           | 19495 Biscayne Blvd., Suite 805 |  |  |  |
| Add                        |             |                         | Aventura, FL 33180              |  |  |  |
| Remove                     |             |                         |                                 |  |  |  |
| 4) Change                  |             |                         |                                 |  |  |  |
| Add                        |             |                         |                                 |  |  |  |
| Remove                     |             |                         |                                 |  |  |  |
| 5) Change                  |             |                         | -                               |  |  |  |
| Add                        |             |                         |                                 |  |  |  |
| Remove                     |             |                         | <del></del>                     |  |  |  |
| 6) Change                  |             |                         |                                 |  |  |  |
| Add                        | <del></del> |                         |                                 |  |  |  |
| Remove                     |             |                         |                                 |  |  |  |

| (Attach aa   | lditional sheets,     | idditional Article if necessary). (  | Be specific)                      |                                       |                                       |                                       |              |
|--------------|-----------------------|--------------------------------------|-----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------|
| N/A          |                       |                                      |                                   |                                       |                                       |                                       |              |
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|              |                       |                                      |                                   |                                       |                                       |                                       |              |
| provisio     | <u>ns for impleme</u> | les for an exchan<br>nting the amend | ge, reclassific<br>ment if not co | ation, or cand<br>ntained in the      | ellation of issue<br>amendment its    | <u>d shares,</u><br>elf:              |              |
|              | ot applicable, ir     | ndicate N/A)                         |                                   |                                       |                                       |                                       |              |
| N/A<br>      | <del></del>           |                                      |                                   |                                       |                                       | <del></del>                           |              |
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|              |                       |                                      |                                   |                                       |                                       |                                       |              |

| August 27, 2015  The date of each amendment(s) adoption:  |
|---|
| date this document was signed.  |
| Effective date if applicable:   |
| (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 will not be listed as the document's effective date on the Department of State's records.  |
| 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  Signalure  (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)  Andrew Massie |
| (Typed or printed name of person signing)   |
| President   |
| (Title of person signing)   |