| 11/06/2017 5:20PM PAR | 5612422F18 SUPERBAY Floricia Department of State Division of Corporations Electronic Filing Cover Sheet |
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| | ease print this page and use it as a cover sheet. Type the fax audit (shown below) on the top and bottom of all pages of the document. |
| Note: DC | (((H170002929213))) H170002929213A9C0 NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. |
| Tد ۲۹ | Division of Corporations Fax Number : (850)617-6380 T T Account Name : SUPERBIZ.COM, INC. Account Number : J20070000160 Phone : (800)494-3124 Fax Number : (305)675-2811 |
| annual Email . | email address for this business entity to be used for future report mailings. Enter only one email address please.** Address: |
| N C. V. L. I. V. E. D. 17 NOV -6 P.H. 5: 56 INVISION OF COMPANIANS | Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$35.00 NOV - 7 2017 I ALBRITTON |
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| Articles of Amendmen to | 1 |
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| Articles of Incorporation of | http://www.http://ww |
| CANNONS MARIN | A, INC. |
| (Name of Corporation as currently filed with the Florida De | ept. of State) |
| 559410 | · · · · · · · · · · · · · · · · · · · |
| (Document Number of Corporation (if known) | |
| ursuant to the provisions of section 607, 1006, Florida Statutes, this <i>Florida P</i> s Articles of Incorporation: | Profit Corporation adopts the following amendment(s) |
| . If amending name, enter the new name of the corporation: | |
| ame must be distinguishable and contain the word "corporation," "com Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A ord "chartered." "professional association." or the abbreviation "P.A." | The new apany," or "incorporated" or the abbreviation professional corporation name must contain the |
| . 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) | · · · · · · · · · · · · · · · · · · · |
| . If amending the repistered agent and/or registered office address in Ft | orida, enter the name of the |
| new registered agent and/or the new registered office address: | |
| Name of New Registered Agent | |
| (Floridu street addres | |
| New Registered Office Address:(City) | , Florida |
| | |
| lerv Registered Agent's Signature, if changing Registered Agent: | |
| hereby accept the appointment as registered agent. I am familiar with and a | wcepi ine obligations of the postuon. |
| Signature of New Registered Agent. if c | hanging |
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| Page 1 of 4 | H17000292921 3 |
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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: H17000292921 3

(Attach additional sheets, if necessary)

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Please note the officer/director title by the first letter of the office title:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO <math>\frac{1}{4}$ 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 | Doe | |
|-------------------------------|----------------------|--------------------|---------------------------------------|
| X Remove | <u>V</u> <u>Mikc</u> | Jones | |
| <u>X</u> Add | <u>ŞV Sally</u> | _Smith | |
| Type of Action (Check One) | Title | Name . | Address |
| 1) Change | VPD | LUCILE CAPO MILLER | 6040 GULF OF MEXICO DR. |
| Add | | | LONGBOAT KEY, FL 34228 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | <u></u> | | |
| Add | | | |
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| 4) Change | | | |
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| S) Change | <u></u> | | |
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| Remove | | | |
| 6) Change | | | - <u></u> |
| Add | | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | Н17000292921-3 |
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| <u>imendir</u> | ng or adding additional Articles Suional sheets, if necessary). (L | s, enter change(s) here: Re specific) |
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| 'he date of each amendment(s) a ato this document was signed. | doption: H170002 | <u> 14 - 011974</u> , 21701 |
| : | | |
| ffective date <u>if applicable</u> : | (no more than 90) days after amendment file date) | - |
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| doption of Amendment(s) | (<u>CHECK ONE</u>) | i (|
| | opted by the shareholders. The number of votes east for the amendment(s) | |
| The amendium(s) was/were ap must be separately provided for | proved by the shareholders through voting groups. The following statement r 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 i | " | ι |
| · · · | (voung group) | H I |
| The amendment(s) was/were ad action was not required | opted by the board of directors without shareholder action and shareholder | |
| action was not required. | opted by the incorporators without shareholder action and shareholder | |
| selecto | fluction, president or other officer - if directors or officers have not been ed, by an incorporation - if in the bands of a receiver. Instea, or other court med fiduciary by that fiduciary (| |
| | DAVID MILLER | i e |
| - | (Typed or printed name of person signing) | , |
| | PRESIDENT | |
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