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OCT 23 2018

SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CALOOSA DIVE	CLUB, INC	
DOCUMENT NUM			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Tanya L. Arnold		
		Name of Contact Perso	n
	Całoosa Dive Club		
		Firm/ Company	
	Post Office Box 152940	, ,	
		Address	
	Cape Coral, FL 33915		
		City/ State and Zip Cod	e
		•	
tanya	@ermhearts.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Fanya L. Arnold		410 at (562-4220
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

FILED

Articles of Amendment to Articles of Incorporation of

2018 OCT 15 PM 12: 06

SECRETARY OF STATE Caloosa Dive Club INC (Name of Corporation as currently filed with the Florida Dept. of State) 724520 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 (Florida street address) __, Florida_ New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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.

Example: X Change <u>PT</u> John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> <u>Address</u> (Check One) Joseph Fannon 157 SE 19th Terrace 1) ____ Change Cape Coral, FL 33990 ____ Add _ Remove Carmela Donegan 1631 SW 19th Lane 2) ____ Change Cape Coral, FL 33991 __ Add ____ Remove Susan Vanderdecker 2204 SE 10th Terrace 3) ____ Change Cape Coral, FL 33990 ____ Add Remove Cindy Muensterman 4821 SW 25th Court 4) ____ Change Cape Coral, FL 33914 Λdd __ Remove i) ____ Change __ Add Remove ___ Change ___ Add Remove

	. (Be specific)
	
an amendment provides for an eye	change, reclassification, or cancellation of issued shares,
	marge, reclassification, or cancentation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
orovisions for implementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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provisions for implementing the amo	endment if not contained in the amendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:

	October 1, 2018	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	etober 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
October Dated		
Signature	Mr Ceal	
(By sele	a director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other couplinted fiduciary by that fiduciary)	
	Kevin Farle	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	