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COVER LETTER

TO: Amendment Section
Division of Corporations

The Florida State Pilots' Association Incorporated NAME OF CORPORATION:					
728920					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee a	re submitted for filing.				
Please return all correspondence concerning thi	s matter to the following:				
Gretchen Winters					
	(Name of Contact Person)				
Florida Harbor Pilots Association					
	(Firm/ Company)				
PO Box 38294					
	(Address)				
Tallahassee, FL 32315					
	(City/ State and Zip Code)				
gretchen@floridapilots.com					
E-mail address: (to l	be used for future annual report notification)				
For further information concerning this matter,	please call:				
Gretchen Winters	850 224-0219				
(Name of Contact					
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:				
S35 Filing Fee S43.75 Filing Certificate of S	Fee & \$\bigsim \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) (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 to Articles of Incorporation of

The Florida State Pilots' Association Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) 728920 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Florida Harbor Pilots Association, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent. (Florida street address) New Registered Office Address: Florida (City) (Zip Code) 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. 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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PD	Sam Stephenson	499 Thatch Palm Drive
Add			BOCA RATON, FL 3343
Remove		·	
2) Change	PD	Stuart Lilly	2911 PORT BOULEVARD
Add	,		MIAMI, FL 33132
X Remove	•		
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
(attach additional sheets, if necessary).	(Be specific)					
N/A						
· · · · · · · · · · · · · · · · · · ·						
						

•	November 13, 2015	
The date of each amendment late this document was signed	t(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	Date of Filing with Division of Corporations	
•	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	ov. 13, 2015	
Signature		
(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Sa	m Stephenson	
	(Typed or printed name of person signing)	
Pro	esident	
	(Title of person signing)	