## F25146

| (R                      | equestor's Name)    |           |
|-------------------------|---------------------|-----------|
| ,                       |                     |           |
| (A)                     | ddress)             |           |
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| (C                      | ity/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT              | MAIL      |
| (В                      | usiness Entity Name | e)        |
| (D                      | ocument Number)     |           |
| Certified Copies        | Certificates of     | of Status |
| Special Instructions to | Filing Officer:     |           |
|                         |                     |           |
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Office Use Only



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## **COVER LETTER**

| TO: Amendment Section<br>Division of Corporations   |  |   |  |  |  |
|---|--|---|--|--|--|
| NAME OF CORPORATION: Lady K Inc   |  |   |  |  |  |
| DOCUMENT NUMBER: F  |  |   |  |  |  |
| The enclosed Articles of Ame  |  | bmitted for filing.   |  |  |  |
| Please return all corresponden  | ice concerning this ma                             | tter to the following:  |  |  |  |
| Laui  | rie Kelly  |   |  |  |  |
|   |  | Name of Contact Perso   | n  |  |  |
| Lady  | y K Inc  |   |  |  |  |
| Firm/ Company   |  |   |  |  |  |
| PO Box 164  |  |   |  |  |  |
|   |  | Address   |  |  |  |
| Des   | tin, Florida 32                                    | 2540  |  |  |  |
|   |  | City/ State and Zip Cod   | e  |  |  |
| droccoo   | os?@ool.cor  | m   |  |  |  |
| dressage52@aol.com  E-mail address: (to be used for future annual report notification)        |  |   |  |  |  |
| E-  | maii adoress: (10 de us                            | ed for future annual report                                       | nourication)   |  |  |
| For Combon in Comment   |  | 11.   |  |  |  |
| For further information concerning this matter, please call:                                  |  |   |  |  |  |
| Laurie Kelly  |  | <sub>at (</sub> 850   | , 865-1916   |  |  |
| Name of Conta   | act Person   | Area Co   | de & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |  |   |  |  |  |
|   | \$43.75 Filing Fee &<br>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) |  |  |
| Mailing Address Street Address  |  |   |  |  |  |
|   | Amendment Section Amendment Section                |   | lment Section  |  |  |
|   | Division of Corporations  Division of Corporations |   |  |  |  |
| P.O. Box 6327 Tallahassee, FL 32314   |  |   | Clifton Building   |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILEC

| Lady K Inc  | 2012 NOV -5 PM 4: 33  |
|---|---|
| (Name of Corporation as currently filed with the Fl   | orida Dept. of State) SECRETARY OF STATE  |
| F25146  | TALLAHASSEE, PEURIUA  |
| (Document Number of Corporation (if   | known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:  | Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the corporation:   |   |
| Destin Elite Charter Fishing Inc  | The new   |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I | n," "company," or "incorporated" or the abbreviation<br>Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable:   | 4058 Indian Bayou N   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | Destin, FL 32541  |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | PO Box 164  |
|   | Destin, FL 32540  |
|   |   |
| D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:   | ess in Florida, enter the name of the   |
| Name of New Registered Agent  |   |
|   |   |
| (Florida stree  | et 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 was   | ith and accept the obligations of the position.   |
| Signature of New Registered Ag  | gent, 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             | PT           | John Do     | <u>oe</u>   |                                       |
|-------------------------------|--------------|-------------|-------------|---------------------------------------|
| X Remove                      | <u>V</u>     | Mike Jo     | <u>ones</u> |                                       |
| X Add                         | <u>sv</u>    | Sally Si    | <u>mith</u> |                                       |
| Type of Action<br>(Check One) | <u>Title</u> |             | Name        | <u>Addres</u> s                       |
| 1) Change                     |              | <del></del> |             |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
| 2) Change                     |              |             |             |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
| 3) Change                     |              |             |             |                                       |
| Add                           |              | _           |             |                                       |
|                               |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
| 4) Change                     |              | _           |             |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
|                               |              |             |             |                                       |
| 5) Change                     |              | _           | 1           |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             | · · · · · · · · · · · · · · · · · · · |
| 6) Change                     |              |             |             |                                       |
| Add                           |              | <del></del> |             |                                       |
| Remove                        | ,            |             |             |                                       |
| acinove                       |              |             |             |                                       |

| (Attac       | nending or adding additiona<br>th additional sheets, if necess | <u>II Articles, enter ch</u><br>arv). (Be snecific | ange(s) here:             |                              |              |
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| <u>If an</u> | amendment provides for ar                                      | exchange, reclassi                                 | <u>ification, or canc</u> | <u>ellation of issued sl</u> | hares,       |
| pro          | visions for implementing the<br>(if not applicable, indicate N | : amenament II not<br>/4)                          | contained in the          | amenament itseit:            | •            |
|              | (g noi applicaçõe, maicaie m                                   | n)   |                           |                              |              |
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| The date of each amendment(s) adoption: 11-01-2012   |
|--|
| Effective date if applicable: 11-01-2012   |
| (no more than 90 days after amendment file date)   |
|  |
| 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   |
| (voling 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 10-31-2012   |
| Signature Celle  |
| (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)   |
| Lauria Kallu   |
| Laurie Kelly   |
| (Typed or printed name of person signing)  |
| STD  |
| (Title of person signing)  |