(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Fisherman's IDeal Supply House, Incorporated **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Dunsizer Name of Contact Person Fisherman's Ideal SUpply House, Inc. Firm/ Company 750 E Welch Causeway Address St. Petersburg, FL 33708 City/ State and Zip Code fishermansidealsupplyhouse@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 391-7380

Area Code & Daytime Telephone Number Michael Dunsizer Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles	to of Incorporation		
_	of		
lisherman's	Ideal Sur	py House, Inc.	
(Name of Corporation as cu	rrently filed with the	Florida Dept. of State)	
1+22759			
(Document Nur	nber of Corporation (in	fknown)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this <i>Florida Profit</i> (Corporation adopts the following amendment	nt(s) to
A. If amending name, enter the new name of the corporati	on:		
		The new	
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia	" or "Co". A profess		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
	_ , 		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		enter the name of the	
Name of New Registered Agent			
(Flo	rida street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		the obligations of the position.	
2 20, accept the appearances as regimered agent. I um jun	and accept	F _(C)	
•			

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 Do	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	<u>v</u>	_	Timothy Dunsizer	750 E Welch Causeway
X Add				St. Petersburg, FL 33708
Remove				
2) Change		·	· ·	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				

6) Change		_	•	
Add				
Remove				

siuvii uu	ing or adding additional Alditional sheets, if necessary)). (Be specific)			
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				<u>,</u>	
provision	endment provides for an ex ns for implementing the an	nendment if not c	cation, or cancells	ntion of issued shar nendment itself:	es,
(if no	ot applicable, indicate N/A)				
· · · · · · · · · · · · · · · · · · · ·				······································	
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The date of each amendment(s) adoption:	, if other than th
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 dedocument's effective date on the Department of State's records.	ate will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
January 19, 2017 Dated	
Signature	
Signature (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 cou appointed fiduciary by that fiduciary)	
Michael Dunsizer	
(Typed or printed name of person signing)	
President Ni Juney	
(Title of person signing)	