## 51400

(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: COVE FISHING	CHARTERS, INC	
DOCUMENT NUN	IBER:		
	s of Amendment and fee are st	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	NICHOLAS Z FURROW		
		Name of Contact Perso	n
		Firm/ Company	
	113 MAYACA DRIVE		
	INDIAN HARBOUR BEAC	Address H, FL 32937	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	c
For further informati	E-mail address: (to be use on concerning this matter, plea	·	notification)
NICHOLAS FURRO	,		305-3754
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	ailing Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



COVE FISHING CHARTERS, INC.

( <u>Name</u>	of Corporation as current	tly filed with the Florida Dept. of State)
J01400		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,	Corp," "Inc," or "Co"	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		113 MAYACA DRIVE
		INDIAN HARBOUR BEACH, FL 32937
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		113 MAYACA DRIVE
		INDIAN HARBOUR BEACH, FL 32937
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office add w registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	NICHOLAS Z FURROW	
	H3 MAYACA DRIVE	
	(Florida st)	reet address)
New Registered Office Address:	INDIAN HARBOUR BEA	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent wered agent. I am familiar	is with and accept the obligations of the position.
	2	egistered Agent, if changing
	Signature of New R	egistered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P.T.</u>	MARILYN KUNINS	1748 JUPITER COVE DRIVE
Add			APT 419A
X Remove			JUPITER, FL 33469
2) Change		_	
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del> -	_	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<u>.</u>	
	——————————————————————————————————————
<del></del>	
-	
<del></del>	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<u> </u>	·····
<u>.</u>	

	howary ath auga
The date of each amendment(s) a date this document was signed.	doption: Jay 1 - 5033 if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were si	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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	
	(voting group)
Dated	9-23
Signature	JAF.
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	NICHOLAS Z FURROW
	(Typed or printed name of person signing)
	PRESIDENT