J71423

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COVER LETTER

NAME OF CORPORATION: Shipwreek Mercantile Co., Inc.

DOCUMENT NUMBER: J71423

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raquel Sauls
Name of Contact Person

Shipwreek Mercantile Co., Inc.

Firm/Company

10570 Feent Beach Road

Address

Pawama City Beach, H. 32407

City/ State and Zip Code

Shipwreek Mercantile Q gnail. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAQUEL SAULS at (850) 233-6750
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

\$43.75 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

to

of

Shipwreck Mercantile	Co, INC.	
(Name of Corporation as currently f	iled with the Florida Dept. of State	<u>e</u>)
5714.23		
(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fle</i> its Articles of Incorporation:	orida Profit Corporation adopts the	following amendment(
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the ab professional corporation name mus	breviation "Corp.," I contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	
,		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	1600
-		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	5.3 19
Name of New Registered Agent //		24
(Florida street	address)	
New Registered Office Address:	. Florida	
κ	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the p	osition.
Signature of New Reg	istered Agent, if changing	
Check if applicable	merca rigem y eminging	

☐ 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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		TESSA WALTONEN JENSEN	1364 Iverson St. NE
Add			Atlanta, GA
Remove			30307
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	les, enter change(s) he (Be specific)	_	
19.14.			
			
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<u></u>			
			
			
in amendment provides for an exch	inge, reclassification, o	or cancellation of issue	od shares
ovisions for implementing the amer			
(if not applicable, indicate N/A)			
NIA			
		······································	
	<u>.</u>		
-			

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Ğ	
Effective date if applicable: (no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's r	the applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK O	<u>NE</u>)
☐ The amendment(s) was/were adopted by the incorpor action was not required.	ators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sharehol by the shareholders was/were sufficient for approval	ders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehor must be separately provided for each voting group e	
"The number of votes east for the amendment(s) was/were sufficient for approval
by	"
(voting grou	9)
Dated /6/22	120 (C) B. Men
(By a director, president or o	other officer – if directors or officers have not been – if in the hands of a receiver, trustor, or other court
<u>JA M</u>	7.5 Printed name of person signing)
(Typed o) ー	r printed name of person signing) Let H / EU
(Title of	person signing)