

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: OCEANSIDE RES	SORTS, INC		
DOCUMENT NUMBER: 175143			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following	 1g: 	
CLAIRE CALLEN			
	Name of Cont	ict Person	
OCEANSIDE RESORTS, IN			
	Firm/ Con	pany	
605 LINCOLN ROAD SUIT			
	Addre	88	
MIAMI BEACH, FL 33139			
	City/ State and	Zip Code	
ACCOUNTING@OCEANSIDER	ESORTS.NET		/
E-mail address: (to be u	sed for future annu	ial report ne	
,			
For further information concerning this matter, please	se call:		
CLAIRE CALLEN	at (777-7377
Name of Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Flo	rida Depart	ment of State:
□ \$35 Filing Fee Certificate of Status	S43.75 Filing Certified Cop (Additional ed enclosed)	y	□\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division Clifton II 2661 Exc	ent Section of Corporations

Articles of Amendment to | Articles of Incorporation of |

OCI	7.5 3	127	1317	0.175	$C\Omega C$	 INC.
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	I
(Name of Corporation as current	y filed with the Florida Dept. of State)
J75143	
(Document Number o	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or " word "chartered," "professional association," or the abbreviation	n." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A € 1 6 .
(Principal office address MUST BE A STREET ADDRESS)	
	0.6 -
	THE PERSON NAMED IN
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
1. Maning duaress <u>MAT BI: AT OST WEITCE BOX</u>	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>v</u>
Name of New Registered Agent NIA	
(Florida sti	eet uddress)
No. B. Com 1700 of House	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
Thereby accept the appointment as registered agent—I om familiar	with and accept the obligations of the position.
Consideration of Van I	Registered Agent, if changing
Signature of New v	regulare a regent, a counging

iAttach additional she Please note the officer P = President: V= Vi	r/director ti	tle by the first letter of the office title.	or; TR= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer: CF held, President, Treas Changes should be no a change, Mike Jones	FO = Chief curer, Direct oted in the f leaves the	Financial Officer - If an officer/director history would be PTD. following manner. Currently John Dog is lis	olds more than one title, list the first letter of each office ted as the PST and Mike Jones is listed as the V. There is A.S. These should be noted as John Doe, PT as a Change,
Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	DORIAN CALLEN	605 LINCOLN ROAD SUITE 320
Add			MIAMI BEACH, FL 33139
X Remove			
2) Change	D	HEATHER COLEMAN	605 LINCOLN ROAD SUITE 320
X Add			MIAMI BEACH, FL 33139
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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:

E. If amending or adding additional Articles, enter change(s) here	
(Attach additional sheets, if necessary),—(Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or	and the time of icensed charges
provisions for implementing the amendment if not contained in	the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	
	<u> </u>

The date of each amendmen		, if other than the
date this document was signed	i. - MAY 30, 2018	
Effective date <u>if applicable</u> :	(no more than 90 d	ays after amondment file date)
	this block does not meet the applicab the Department of State's records.	le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The nu- vere sufficient for approval.	mber of votes cast for the amendment(s)
	ere approved by the shareholders throughed for each voting group entitled to vot	h voting groups. The following statement e separately on the amendment(s):
"The number of vote	s east for the amendment(s) was/were s	 ufficient for approval
by	(voting group)	· · · · · · · · · · · · · · · · · · ·
		thout shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators withou	t shareholder action and shareholder
Dated	05/30/18	
Signature	By a director, president or other afficer	- if directors or officers have not been
S	pelected, by an incorporator – if in the happointed fiduciary by that fiduciary)	ands of a receiver, trustee, or other court
	(Typed or printed nai	NASH
	(tO)	SECRETARY person signing)
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