J80876

(Red	questor's Name)	
(Add	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	· #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: OLD ISLAND HO	TELS, INC.		
DOCUMENT NUMBER:				
The enclosed Articles of Ame		bmitted for filing.		
Please return all corresponder	nce concerning this mat	tter to the following	; :	
SETH	D. CORNEAL			
		Name of Contac	t Person	
тне с	ORNEAL LAW FIRM	Л	ŧ	
		Firm/ Comp	any	
179 KI	NG STREET			
		Address		
ST. AU	JGUSTINE, FL 32084			
		City/ State and 2	Cip Code	
SETH@COF	RNEALLAW.COM			
	mail address: (to be us	ed for future annua	l report no	tification)
For further information conce	rning this matter inleas	e call:		
. or rando internation conce.	itting this matter, preas	c can.		
SETH D. CORNEAL		904 at ()	& Daytime Telephone Number
Name of Conta	act Person	A	rea Code	& Daytime Telephone Number
Enclosed is a check for the fol	llowing amount made p	payable to the Florid	da Departr	nent of State:
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 27		Division of Clifton Bu	ent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



, Florida

OLD ISLAND HOTELS, INC. (Name of Corporation as currently filed with the Florida Dept. of Sta J80876 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: SETH D. CORNEAL

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

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.

X Change	<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>	<u>Addres</u> s
1) Change	STD	KELLEY, AMY C	43 Cincinnati Ave.
Add			St. Augustine, FL 32084
X Remove			
2) Change	STD	CORNEAL, DAVID B	125 Marine Street
X Add		WHEAT	St. Augustine, FL 32084
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change		_	
Add		-	
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	n/A
	N/A
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

October 14, 2015 The date of each amendment(s) adoption:	_, if other than the
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 date will document's effective date on the Department of State's records.	not be listed as the
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)	
(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 - 15 - 2015 Signature 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
(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)	
David B. Corneal	
(Typed or printed name of person signing)	
President	
(Title of person signing)	