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Amendicos

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BOUNTY MOVING DISTRIBUTORS INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christine Willermann Name of Contact Person Bounty Marine Distributer S Firm/ Company 115(e N. Tami ami Trail Address N. Ft. Myrs, FL 33903 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chri Still Willemann at (239) 226 5579 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
Mailing Address Amendment Section Amendment Section

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

Articles of Amendment

to

Articles of Incorporation

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BOUNTY MARINE DISTRIBUTORS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) K06705 (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: 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: Name of New Registered Agent New Registered Office Address:

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

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

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	PT John Doe		
X Remove	V Mike Jones		
X Add	SV Sally Smith	1	
Type of Action (Check One)	<u>Title</u> <u>Na</u>	<u>ame</u>	<u>Addres</u> s
1) Change	CO P	Clarence J Kel	Wermann 1156 N. Tamiami Trai
Add			N. Ft. Mycis, FL 33903
X Remove	. ~ VP ~		
2) Change	CAO CY	rristine Kellerm	iann <u>3968 Pamadaro</u> Circl
_X Add			unit 301
Remove 3) Change	DOG T	helly to Peters	ien <u>Cape (cral, FL</u> 33900
X Add		J	3191 old Hickory Trail
Remove	_		Dewith MT 48220
4) X Change	<u>+</u> =	Toseph Kullerm	ann 1581 Winsten Rol
Add		•	N. Ft. Myers, FL
Remove			35911
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additie	nal sheets, if necessary).	(Be specific)			
					
					
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f an amendn	ent provides for an exch	nange, reclassificati	on, or cancellation of	icened charec	
provisions fo	r implementing the ame	endment if not conta	ined in the amendm	ent itself:	
(if not ap	plicable, indicate N/A)			1.	200
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mild	VON			J	
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The date of eac	ch amendment(s) adoption: May 22th 2020, if other than the nent was signed.
Effective date j	if applicable: 1000 (no more than 90 days after amendment file date)
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
Adoption of A	mendment(s) (CHECK ONE)
The amendra action was n	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required.
	nent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) sholders was/were sufficient for approval.
	ment(s) was/were approved by the shareholders through voting groups. The following statement armsely provided for each voting group entitled to vote separately on the amendment(s):
"The n	number of votes cast for the amendment(s) was/were sufficient for approval
by	, ,
	(voting group)
	Dated
	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 court appointed fiduciary by that fiduciary)
	Christine Williams (Typed or printed name of person signing)
	(Typed of printed name of person signing)
	(Title of person signing)