163677

Office Use Only



900309024999

02/15/18--01017--012 **85.00

S TALLENT FEB 1 6 2018



Gnerd

COVER LETTER

FO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Yacht Power Products, Inc				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael Lloyd Name of Fooducts Inc				
510 15 Avenue North				
St. Petersoura FL 33705 City/ Stale and Zip Code				
E-mailaldress: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michael Lord at (727), 104-2540 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:				
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Amendment Section				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

to

Articles of in	_ *	
Vacht Busor tradic	ts Inc.	
(Name of Corporation as current	tly filed with the Florida Dept. of St	ate)
i 501.37		·····
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts t	he following amendment(s)
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation". "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation n	or the abbreviation name must contain the
B. Enter new principal office address, if applicable:	<u>NA</u>	
(Principal office address MUST BE A STREET ADDRESS)	1	三角田
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	S PH T: SS
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		<u>he</u>
Name of New Registered Agent Michael	Loyd	
150 S F.	tenue brth	
New Registered Office Address: St Peters	(City), Flori	da 3305 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		e position.
Muhul E	Fal	
	Registered Agent, if changing	

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	
		Mike Jones	
X Remove	<u>V</u>		
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Marlene Lay	1510 18 AV N
Add			State the
X Remove			
2) Change	<u> </u>	Dannette Loud	1510 19 AV N
🔀 Add		·	Frete FL
Remove	_		33705
3) Change	2	Michael Lax	ED BANN
X Add		,	7 HOUTE
Remove			33705
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
<u> </u>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N_{Θ}	
	•

The date of each amendment(s) adoption: January 1st 2018	, if other than the
date this document was signed.	
Effective date if applicable: January 5 2018	
(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 wi document's effective date on the Department of State's records.	Il 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	
(voting 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.	
Indiana II sop	
Dated Territary 11, 2018	
Signature Millian Stan	
(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)	
Michael Hald	
(Typed or printed name of person signing)	
<u>President</u>	
(Title of person signing)	

. . . .