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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|--|--|
| NAME OF CORPORATION: Bord | moor Aq | uatics Team. Inc. |
| DOCUMENT NUMBER: NOS | 0000024 | 13 |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Erin N | Mahoney (Name of Contact Person | 1) |
| Registered Age | | |
| 8614 m | aid Stone (Address) | G |
| Semi | nole FL (City/ State and Zip Code | - 33777 |
| E-mail address: (10 be used | I for future annual report | oney @ gmail. Con |
| For further information concerning this matter, please | call: | |
| Erin Manoney (Name of Contact Person | atat | 727 - 452 - 3889 rea Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | ayable to the Florida Depa | artment of State: |
| S35 Filing Fee \$\times \$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 | Amend | Address Iment Section on of Corporations |

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to

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| Articles of Amendment |
| to the state of th |
| Articles of Incorporation |
| Articles of Amendment to Articles of Incorporation of Bardmar Aquatic 5 Team, nc. (Name of Corporation as currently filed with the Florida Dept. of State) |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| N08000002413 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| Bluetide Aquatics Team, Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." |
| "Company" or "Co." may not be used in the name. |
| 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: Erin A. Mahoney Sley Maidstone & Seminole F13 (Florida street address) |
| New Registered Office Address: |
| . Florida |
| (Civ) (Zip Code) |

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

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 X Remove X Add | PT John De V Mike Jo SV Sally Sr | one <u>s</u> | |
|-----------------------------------|--|---|-----------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| I) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or additional shee | | icles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adopt date this document was signed. | | | , if other than the |
| Effective date if applicable: | March 8,20 | 22 | |
| | (no more than 90 days after | amendment file date) | |
| Note: If the date inserted in this block d document's effective date on the Departs | oes not meet the applicable sta | atutory filing requirements, this d | ate will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were adopte was/were sufficient for approval. | ed by the members and the nu | mber of votes cast for the amendr | nent(s) |

| e Aquati |
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