N08000005417

(Re	questor's Name)	
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Amend 10/11/16/09

COVER LETTER ·

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Trust For Histo	ric Sail	boat Bend Inc	
DOCUMENT NUM	BER: N08000005417			
The enclosed Article.	s of Amendment and fee are sub	mitted for	filing.	
Please return all corr	espondence concerning this matte	er to the fo	ollowing:	
		Bogges		
	(Name of	Contact Po	erson)	
	Trust for Histor	ic Sailbo	oat Bend Inc	
	(Firm	/ Company	()	
	804 Ted	questa S	treet	• .
•	(A	ddress)		
	Fort Laude	rdale, Fl	_ 33312	
	(City/ Stat	e and Zip	Code)	
	paulbog E-mail address: (to be used	g@msn. I for future	.com e annual report notifica	ation)
For further informati	on concerning this matter, please	call:		
Paul Boggess		at (954) 767.451	0
(Name	e of Contact Person)		(Area Code & Daytir	me Telephone Number)
Enclosed is a check t	for the following amount made pa	ayable to t	he Florida Department	t of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certifi	3.75 Filing Fee & ied Copy is sed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314		Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

Articles of Amendmentto Articles of Incorporation of



Trust for Histo	ric Sailboat	Bend, Inc.	
(Name of Corporation as curre	ntly filed with t	he Florida Dept. of S	tate)
N080	000005417		
(Document Num	ber of Corporati	on (if known)	*****
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Inc. A. If amending name, enter the new name of	corporation:	e e	Profit Corporation adopts
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or	ontain the word r "Co." may not	"corporation" or "in be used in the name.	corporated" or the
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office stered office add	address in Florida, e Iress:	nter the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Flori	da street address)	_
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	l agent. I am	familiar with and acc	
C	iomature of New	Pagistared Agent if ch	hanaina

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr	Nolan Haan	729 SW 2nd Street Fort Lauderdale, FL 33312	
			<u> </u>
E. If amen	nding or adding additional Artic additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
		·	
			<u> </u>
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad	loption: October 27, 2009
(,	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated November	er 4, 2009
By the c	hairman or wice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
	Paul Boggess
	(Typed or printed name of person signing)
	President
· ·	(Title of person signing)

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