N08000006015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB 3/10/09

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** SAILvation, Inc.

**DOCUMENT NUMBER:** N08000006015

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Luttmann
(Name of Contact Person)

SAILvation, Inc.
(Firm/ Company)

8912 Beeler Drive
(Address)

Tampa, FL 33626
(City/ State and Zip Code)

For further information concerning this matter, please call:

Deborah Luttmann at ( 727 ) 742-2849
(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

☐ $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
P.O. Box 6327
Tallahassee, FL 32314

**Street Address**
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

FILED
2009 MAR -9 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAILvation, Inc.
**(Name of Corporation as currently filed with the Florida Dept. of State)**

N08000006015
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For 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" 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:** 8912 Beeler Drive
***(Principal office address MUST BE A STREET ADDRESS)*** Tampa, FL 33626

**C. Enter new mailing address, if applicable:** 8912 Beeler Drive
***(Mailing address MAY BE A POST OFFICE BOX)*** Tampa, FL 33626

**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:* _______________ *(Florida street address)*

_______________, Florida______
*(City)* *(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)*

| Title | Name | Address | Type of Action |
|---|---|---|---|
| Presid | Ronald J. Parfitt, Jr. | 101 Bayshore Dr. NE W-10<br>St. Petersburg, FL 33701 | ☐ Add<br>☑ Remove |
| Presid | Deborah A. Luttmann | 8912 Beeler Drive<br>Tampa, FL 33626 | ☑ Add<br>☐ Remove |
| Direct | Ronald J. Parfitt, Jr. | 101 Bayshore Dr. NE W-10<br>St. Petersburg, FL 33701 | ☐ Add<br>☑ Remove |

SEE ATTACHED

E. **If amending or adding additional Articles, enter change(s) here:**
*(attach additional sheets, if necessary). (Be specific)*

**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)*

| Title | Name | Address | Type of Action |
|---|---|---|---|
| Chairperson | Ronald J. Parfitt, Jr. | 101 Bayshore Dr. NE W-10<br>St. Petersburg, FL 33701 | Remove |
| Vice President | Deborah A. Luttmann | 8912 Beeler Drive<br>Tampa, FL 33626 | Remove |
| Director | Connie C. Holt | 3816 Player Drive<br>New Port Richey, FL 34655 | Add |
| Vice President | Michael Clark | 5295 $76^{th}$ St. N.<br>St. Petersburg, FL 33709 | Add |
| Chairperson | Connie C. Holt | 3816 Player Drive<br>New Port Richey, FL 34655 | Add |
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**The date of each amendment(s) adoption:** December 31, 2008

**Effective date <u>if applicable</u>:** ______________________

*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s)** **<u>(CHECK ONE)</u>**

☑ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated December 31, 2008

Signature ______________________

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Deborah A. Luttmann

(Typed or printed name of person signing)

President/Secretary

(Title of person signing)