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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STALE TALLAHASSEE, FLORID/



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: AquaGre | en, Inc. | |
|--|--|---|
| DOCUMENT NUMBER: N11000006 | 6396 | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | |
| Please return all correspondence concerning this matter | to the following: | |
| Charles W. Fuller | | |
| (| Name of Contact Person | n) |
| AquaGreen, Inc. | | |
| | (Firm/ Company) | |
| PO Box 28105 | | |
| | (Address) | |
| Panama City, FL 3241 | 1 | |
| | City/ State and Zip Code |) |
| cfuller@gcmlc.co | | |
| E-mail address: (to be used | for future annual report i | notification) |
| For further information concerning this matter, please c | all: | |
| Chuck Fuller | _{at} 850 | ,249-1885 |
| (Name of Contact Person) | | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida Depa | rtment of State: |
| □ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status | 2\$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 | Amend Division Clifton 2661 E: | Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

| AquaGreen, Inc. | |
|--|--|
| (Name of Corporation as currently filed with the Fl | orida Dept. of State) |
| N11000006396 | |
| (Document Number of Corpor | ration (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation: | es, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporat | ijon: |
| Gulf Coast Marine Life Center, Inc. | The new |
| | tion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | 155 Crystal Beach Dr. Suite 101 |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | Destin, FL 32550 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O. Box 28105 |
| | Panama City, FL 32411 |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent: | |
| New Registered Office Address: | (Florida street address) |
| (City) | , Florida(Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fail | Agent: |
| Signature of New Regis. | tered Agent, if changing |
| | Page 1 of 4 |

2013 MAR 26 AH 11: 29
SECRETARY OF STATE

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 | <u>V</u> <u>Mik</u> | n <u>Doe</u> e Jones y Smith | |
|----------------------------------|---------------------|------------------------------------|-------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | CFO | Michael J. Pollock | 404 Kelly Plantation Dr. #408 |
| X Add | | | Destin, FL 32541 |
| Remove | | | |
| 2) Change | D | James P. McVey | PO Box 1830 |
| Add | | | Lusby, MD 20657 |
| X Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 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) | | | | | | | | |
|---|---------------|----------------|--|-------------|---|----------------------------|-------------|---------------------------------------|
| (attach add | ditional sh | eets, if neces | sary). (Be | c specific) | | | | |
| N | A | | | | | | <u></u> | |
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| The date of each amendment(s) adoption: 3/21/3 | | | | |
|--|--|--|--|--|
| Effective date if applicable: | N/A | | | |
| | (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 members adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were s. | | | |
| Dated 3 | 121/13 | | | |
| Signature | 1/// | | | |
| (By the chairn have not been | an or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) | | | |
| Charles | W. Foller Typed or printed name of person signing) | | | |
| ~ | Typed or printed name of person signing) | | | |
| | | | | |
| | (Title of person signing) | | | |