## N11000010815

(Re	equestor's Name)	
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(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE
DIVISION OF CORPORATION

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## **COVER LETTER**

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		COVER LETTI	<u>ER</u>	ور ا	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
TO: Amendment Section Division of Corporation	ons			•	
NAME OF CORPORATI	OperationCruise,Inc	<b>.</b>			A TO TO THE PARTY OF THE PARTY
DOCUMENT NUMBER:	N11000010815		<del></del>		. ··
The enclosed Articles of A	mendment and fee are subm	nitted for filing.			
Please return all correspond	lence concerning this matter	r to the following:			
JeffHudson					
	(	(Name of Contact Po	erson)		<del></del>
OperationCruise,Inc.					
		(Firm/ Company	y)		
380ParkPlaceBoulevard	# 175				
	······································	(Address)			· · · · ·
ClearwaterFlorida33759	1				
	(	(City/ State and Zip	Code)		<del></del>
hudsonjmk@aol.com					
	E-mail address: (to be used	for future annual rep	ort notification	)	
For further information con	cerning this matter, please of	call:			
Jeff Hudson		at	831	241-4276	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number	)
Enclosed is a check for the	following amount made pay	able to the Florida I	Department of S	state:	
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certific s Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	

**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

SAN TONE

OperationCruise,inc.			
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)	
N11000010815			
(Docum	nent Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the	corporation:		
OperationHealingForces.Inc.		The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name			
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	SameasBefore		
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida,	enter the name of the	
Name of New Registered Agent:	SameasBefore		
<u>New Registered Office Address</u> :	(Flo	orida street address)	
	SameasBefore	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		the obligations of the position.	
_	Signature of New Regist.	ered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	NO CHANGES	
Add				<del> </del>
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove			D 2.4	

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)					
NOT CHANGING					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
					***
					• • • • • • • • • • • • • • • • • • • •

	January 19, 2016	
The date of each amendment	(s) adoption;	if other than the
date this document was signed.		
	February 28, 2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will be department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of c	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
Dated	2/1/16	
have r	chairmen or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Ga	ry L. Markel	
	(Typed or printed name of person signing)	
Pre	esident of the Board of Directors	
	(Title of person signing)	