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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION

Ahi Ocean Retreat Corporation

DOCUMENT NUMBER: N1200000639

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

Please return all correspondence concerning this matter to the following:

Timothy S. Hoban

(Name of Contact Person)

Ahi Ocean Retreat Corporation

(Firm/Company)

4226 W. Main Street

(Address)

Jupiter, Fl. 33458

(City/ State and Zip Code)

<u>ahioceanretreat@gmail.com</u>

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Hoban

at 561 7759689

(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 \$\square\$\$43.75 Filing Fee & \$\square\$\$\$43.75 Filing Fee & \$\square\$\$\$52.50 Filing Fee

Certificate of Status Certified Copy

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(Additional copy is Certified Copy

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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
Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ahi Ocean Retreat Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000000639

(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:

. If amending name, enter the new name of the corpor	ration:
N/A	The r
me must be distinguishable and contain the word "corpo	oration" or "incorporated" or the abbreviation "Corp." or " In
ompany" or "Co." may not be used in the name.	
Enter new principal office address, if applicable:	N/A
rincipal office address MUST BE A STREET ADDRES	
	The second
Enter new mailing address, if applicable:	2 O.
(Mailing address MAY BE A POST OFFICE BOX)	N/A 3
(
If amonding the registered agent and/or restatured a	ffin address to Florida and the many of the
If amending the registered agent and/or registered or new registered agent and/or the new registered office	
N 1 / A	Caddi C55,
Name of New Registered Agent: IV/A	
w Registered Office Address:	(Florida street address)
	, Florida
(Cit	ty) (Zip Code)
w Registered Agent's Signature, if changing Registere	
ereby accept the appointment as registered agent. I am	jumiliar with and accept the obligations of the position.
Signature of New Par	aistered 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove		_	
2) Change Add 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) ARTICLE III is hereby amended as follows:				
The specific purpose for which this corporation is organized is:				
This corporation is organized exclusively for charitable and educational purposes under section				
501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code.				
Our primary purpose is to raise funds and give Firefighters that are in need and distressed, active				
or retired, an ocean retreat experience; to help those that help others by giving relaxation,				
tranquility, a new hope for the future and an uplifting return to their careers and life.				
ARTICLE IX is hereby added as follows:				
The Dissolution Clause is:				
Upon the dissolution of the corporation, assests shall be distributed for one or more				
exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code,				
or the corresponding section of any future Federal Tax Code, or shall be distributed				
to the Federal Government, or to a state or local government, for a public purpose.				

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or the corresponding section of any future Federal Tax Code, or shall be distributed					
to the Federal Government, or to a state or local government, for a public purpose.					

The date of each amendment(s) adoption: 01/27/2012				
	ctive date if applicable: 01/27/2012			
	(no more than 90 days after amendment file date)			
Ada	ption of Amendment(s) (CHECK ONE)			
口	The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	nt(s)		
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	ге		
	Dated 01/27/2012			
	Dated 01/27/2012 Signature Jimothy S. Hobern			
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)			
	Timothy S. Hoban			
	(Typed or printed name of person signing)			
	Director			

(Title of person signing)