

N13000004329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 AUG 27 AM 10:08

STATE OF OHIO  
DIVISION OF CORPORATIONS

C. LEWIS

Sept 4 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2014

SEANN MAXWELL / REVIVAL FLOTILLAS INTERNATIONAL INC  
16300 SW FAMEL AVE  
INDIANTOWN, FL 34956 US

SUBJECT: REVIVAL FLOTILLAS INTERNATIONAL, INC.  
Ref. Number: N13000004329

We have received your document for REVIVAL FLOTILLAS INTERNATIONAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 014A00017617

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Revival Flotillas International, Inc.

**DOCUMENT NUMBER:** N13000004329

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

Please return all correspondence concerning this matter to the following:

Seann Maxwell

Name of Contact Person

Revival Flotillas International, Inc.

Firm/ Company

16300 SW Famel Avenue

Address

Indiantown, FL 34956

City/ State and Zip Code

seann@revivalflotillas.org

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

For further information concerning this matter, please call:

Seann Maxwell

Name of Contact Person

at 305 , 890-0215

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  
CLERK OF STATE  
VOLUNTARY CORPORATIONS

14 AUG 27 AM 10:08

REVIVAL FLOTILLAS INTERNATIONAL, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N13000004329  
(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:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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)

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |            |                            |  |
|--|------------|----------------------------|--|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VD</u>  | <u>WILLS H. RYAN</u>       | <u>1700 8. Powerline Rd</u><br><u>Ste H</u><br><u>Deerfield Beach FL 33442</u> |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>   | <u>MIGUEL J. RODRIGUEZ</u> | <u>1776 N. Pine Island Rd</u><br><u>Ste 216</u><br><u>PLANTATION FL 33322</u>  |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>V</u>   | <u>GREG A. Snyder</u>      | <u>13341 NW 11<sup>th</sup> Street</u><br><u>Pembroke Pines FL 33028</u>       |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>T</u>   | <u>MORGANNE MAXWELL</u>    | <u>16300 SW Famel Ave</u><br><u>Indiantown FL 34956</u>                        |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>   | <u>STEFAN FLINK, DC</u>    | <u>2691 SW Port St. Lucia Blvd</u><br><u>Port St. Lucia FL 34953</u>           |
| 6) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>PTD</u> | <u>Seann Maxwell</u>       | <u>16300 SW Famel Avenue</u><br><u>Indiantown FL 34956</u>                     |

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

SECRETARY OF STATE  
STATE OF OHIO  
DIVISION OF CORPORATIONS

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment filed) AUG 27 AM 10:08

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 August 1, 2014

Signature Sean Maxwell  
(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)

Sean Maxwell  
(Typed or printed name of person signing)  
President, Treasurer & Director  
(Title of person signing)