## N14000000995

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Mission Blue, I	nc.
N14000009595	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jeffery Brown	
	(Name of Contact Person)
Mission Blue's Copout Adventures, Inc.	
	(Firm/ Company)
4124 Pebblebrook Ct.	
	(Address)
Orlando, FL 32820	
	(City/ State and Zip Code)
jeff@copoutfishing.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Melisa Elliott (accountant)	407 333-0355 at
(Name of Contact Pe	
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	e & \$\Bigcup \\$43.75 \text{ Filing Fee & } \Bigcup \\$52.50 \text{ Filing Fee } \\ tus  \text{Certified Copy }  \text{Certificate of Status } \\ (Additional copy is  \text{enclosed})  \text{(Additional Copy is } \\ \text{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

Mission Blue, Inc.		
(Name of Corporation as curren	itly filed with the Fl	orida Dept. of State)
N14000009595		
(Document Numb	per of Corporation (if	fknown)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not I</i>	For Profit Corporation adopts the followi
A. If amending name, enter the new name of the corporate	tion:	
Mission Blue's Copout Adventures, Inc.		The ne
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ution" or "incorpora	
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)		NE OCT I
		2 PH 3:
D. If amending the registered agent and/or registered offi		la, enter the name of the
new registered agent and/or the new registered office and a second secon	address:	
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ept the obligations of the position.
	Signature of New Rea	istered 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	PT V SV	John Doo Mike Jon Sally Sm	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change	-	_		
Add				
Remove				
6) Change				· ····
Add				
Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption:	, if other than the
the this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	te will not be listed as the
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 amendm was/were sufficient for approval.	ient(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	rere
Dated	
Signature Alford S. Low	
(B) the chairman or vice chairman of the board, president or other officer-if direction that not been selected, by an incorporator—if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
Jeffrey D. Brown	
(Typed or printed name of person signing)	<del></del>
Director	
(Title of person signing)	<del></del>