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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NE SHARKS. CORP.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
	matter to the following:
DAMEON CHURCH	
	(Name of Contact Person)
PRESDIENT,ST AUGSUTINE SHARKS, CO	RP.
	(Firm/ Company)
42 DURANGO DRIVE	
	(Address)
ST AUGSUTINE FL 32086	
	(City/ State and Zip Code)
dameond123@gmail.com	
E-mail address: (to b	e used for future annual report notification)
 	please call:
MICHAEL KEVIN HARRIS	386 937-3054 at
(Name of Contact	erson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$	ee & 🗆 \$43.75 Filing Fee & — \$52.50 Filing Fee  Latus Certified Copy Certificate of Status  (Additional copy is Certified Copy enclosed) (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  Tallabassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ST AUGUSTINE SHARKS, CORP.		
(Name of Corporation	as currently filed with the Florida D	ept. of State)
N15000010999		
(Document)	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006. Flo amendment(s) to its Articles of Incorporation:	6. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following	
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ible:	
(Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicables		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )	
\		
\\		
		<del></del>
D. If amending the registered agent and/or regi		the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent:		
<u> </u>		
	(Florida street address)	
<u>New Registered Office Address:</u>		
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Danictored Agent.	
I hereby accept the appointment as registered agen		bligations of the position.
Į.		
-	Signature of New Registered Agent, if changing	
		7811 7810 7811
	Page 1 of 4	SEP 13

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, Signs an Add.

Example:  X Change X Remove		n Doe	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	GANON, DAVID MAURICIO	4053 RED PINE LN
Add			ST. AUGUSTINE FL 32086
X Remove			
2) Change	0	BAKER, CHARLIE, JR	126 SOUTHWIND CIRCLE
Add			ST AUGUSTINE FL 32086
X Remove			
3 ) Change	0	TAYLOR, MARK	804 WHITE EAGLE CIRCLE
Add			ST AUGUSTINE FL 32086
X Remove			
4) Change	0	 Taylor. luke 	4670 CARTER RD
Add	<del></del> _		ST AUGUSTINE FL 32086
X Remove			
5) Change	O	CANON, DAVID	4053 RED PINE LN
Add			ST. AUGUSTINE FL 32086
X Remove			<del></del>
6) X Change	V	   MICHAEL KEVIN HARRIS	42 DURANGO DRIVE
Add			ST AUGUSTINE FL 32086
Remove		Page 2 of 4	

. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
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	1.

The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:	9/6/2017 p more than 90 days after amendment file date)	if other than the
Note: If the date inserted in this block does redocument's effective date on the Department	ot meet the applicable statutory filing requirements, this date will not be of State's records.	listed as the
Adoption of Amendment(s) (Q	HECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were	
9/6/2017 Dated		
Signature		
(By the chairman or v	ice chairman of the board, president or other officer-if directors	
	d by an incorporator – if in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	
DAMEON L CHI		
	(Typed or printed name of person signing)	
PRESIDENT		
	(Title of person signing)	