

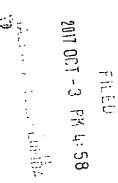
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C. GOLDEN

OCT - 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

American Shark Conservancy, Inc NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Hannah Medd	
(Name of Contact Person))
American Shark Conservancy, Inc	
(Firm/ Company)	
1021 Brooks Lane	
(Address)	
Delray Beach, Florida 33483	
(City/ State and Zip Code))
hannahrutzen@gmail.com	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
Hannah Medd 321	5912287
(Name of Contact Person) (Are	a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Depar	tment of State:
S35 Filing Fee Certificate of Status 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

FILED

	of	2017 OCT - 3 PK 4: 58
American Shark Conservancy, Inc.		
		orida Dept. of State) SEL. F. ORIO
N	116000003140	39
(Docum	ent Number of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name		ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	N/A	
(Principal office address MUST BE A STREET AL		
C. Fator and a March March March		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE E	8 <i>0X</i>) N/A	
	·	
D. If amending the registered agent and/or regis	tered office address in Florid	a, enter the name of the
new registered agent and/or the new registere	•	
Name of New Registered Agent:	N/A	
		(Floridu street address)
New Registered Office Address:	•	,
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		nt the obligations of the position.
_	Signature of New Reg	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 Doc 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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Cristina Zenato	202 Newport Condo Royal Palm W
Add			Royal Palm Way
X Remove			Freeport, GB F42433 BS
2) Change	D	Peter Medd	18 East South Street
X Add			Frederick, Maryland 21701
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change			
Add			
Remove			447-9-7-
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)					
N/A					
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The	date of each ame	dment(s) adoption:	, if other than the
date	this document was	signed.	
		9/21/2017	
Effe	ective date <u>if appli</u>	able:	(a)
		(no more than 50 days after amenament fite date	**)
		ed in this block does not meet the applicable statutory filing require ite on the Department of State's records.	ments, this date will not be listed as the
Ado	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient	was/were adopted by the members and the number of votes cast fo t for approval.	r the amendment(s)
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendrard of directors.	ment(s) was/were
	Dated	9/21/2017	
	Signature	daralBnodel	
		(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator – if in the hands of a recother court appointed fiduciary by that fiduciary)	
		Hannah B Mcdd	
		(Typed or printed name of person signif	ng)
		President	
		(Title of person signing)	