117000009267

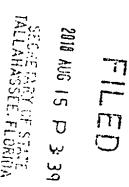
| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LÉTTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Fishing | , Mobile F | oundation, Inc |
|---------------------------------------------------------|---------------------------------------|-----------------------------------------------------------|
| DOCUMENT NUMBER: N 170000 | 009267 | |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Neil Whomsley | | |
| Neil Whomsley | (Name of Contact Pe | rson) |
| Fishing Mobile F | | |
| | (Firm/ Company |) |
| 1430 E Fletcher Av | e | |
| | (Address) | |
| Tampa, FC 336 | 17 | |
| | (City/ State and Zip C | Jode) |
| bradbloch as | 5 mail. (cm | |
| E-mail address: (to be used | for future annual rep | ort notification) |
| For further information concerning this matter, please | call: | |
| Neil whomsley (Name of Contact Person | at | \$13 - 563 - 5577 (Area Code) (Daytime Telephone Number) |
| (Name of Contact Person | 1) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | ayable to the Florida I | Department of State: |
| \$35 Filing Fee | | Certificate of Status |
| Mailing Address | · · · · · · · · · · · · · · · · · · · | eet Address |
| Amendment Section Division of Corporations | | rendment Section rision of Corporations |
| P.O. Box 6327 | | fton Building |
| Tallahassee, FL 32314 | 260 | 1 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

| | Articles of Amendment | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|
| | to Articles of Incorporation | orida Dept. of State Para Section 19 |
| | of | 201a L |
| Fishing mobile | | nc "AUs, |
| - | as currently filed with the Flo | orida Dept. of State |
| · · · · · · · · · · · · · · · · · · · | 17000009 | 267 Massing |
| (Docum | ent Number of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006, Flori unendment(s) to its Articles of Incorporation: | ida Statutes, this <i>Florida Not F</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | corporation: | |
| | | The new |
| name must be distinguishable and contain the word | "corporation" or "incorporat | ed" or the abbreviation "Corp." or "Inc." |
| "Company" or "Co." may not be used in the name | | |
| B. Enter new principal office address, if applicat | | |
| Principal office address <u>MUST BE A STREET AI</u> | ODRESS) | |
| | <u> </u> | |
| | | |
| C. Enter new mailing address, if applicable: | <u></u> | |
| (Mailing address <u>MAY BE A POST OFFICE B</u> | (<u>OX</u>) | |
| | | |
| | · | |
| | | |
| If amending the registered agent and/or registered agent and/or the new registered | | a, enter the name of the |
| | | |
| Name of New Registered Agent: | | |
| | | Florida street address) |
| New Registered Office Address: | 43 | Titriaa Vircei adaress) |
| | | Florida |
| • | (City) | (Zip Code) |
| Name Demissaged America Circumstance (Calendaria D | | · |
| New Registered Agent's Signature, if changing Re- hereby accept the appointment as registered agent. | egisterea Agent: . I am familiar with and acces | ot the obligations of the position. |
| | | |
| | | |
| - | Signature of New Regi | stered 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 John Doe V Mike Jones SV Sally Smith | |
|----------------------------------|------------------------------------------------------------------------------------|----------------------------------------|
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Add Remove | Correctly Brad Block is Director, he is now the President and Director. | 1430 E FIRTCHE AVE Tampa, FL 33612 |
| 2) | SP Sam Root Currently Sam Root is Director, he is now the secretary and Director. | 1430 E Fletcher Ave Tampa, FL 33612 |
| 3) Change Add Remove | VPD Ian Bloch Im Bloch is being added as vice president and ownerter | 1430 E Flethe An Tanpa, FL 33612 |
| 4) Change Add Remove | | |
| 5) Change Add Remove | | |
| 6) Change Add Remove | | |

| L. If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) | | |
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| | e date of each amendment(s) add this document was signed. | ption: | if other than the |
|-----|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| | ective date <u>if applicable</u> : | 8/10/18 (no more than 90 days after amendment file days) | ate) |
| | te: If the date inserted in this bloc ument's effective date on the Dep | k does not meet the applicable statutory filing requirement of State's records. | rements, this date will not be listed as the |
| Ado | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| Ø | The amendment(s) was/were add was/were sufficient for approval | pted by the members and the number of votes cast t | for the amendment(s) |
| | There are no members or members adopted by the hoard of director | rs entitled to vote on the amendment(s). The amends. | dment(s) was/were |
| | Dated8/10 | 18 | · <u> </u> |
| | have not been | nan or vice chairman of the board, president or other a selected, by an incorporator – if in the hands of a ropointed fiduciary by that fiduciary) | |
| | 8 | rad Bloch | |
| | | (Typed or printed name of person sign | ning) |
| | | President | |
| | | (Title of person signing) | |