N18000002635

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	NAVIGATORS INTER	NATIONAL, INC.		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing			
Please return all correspondence concerning t	his matter to the follow	ing:		
APOLO LAGARDE, IV				
	(Name of Cont	act Person)		
TRIDENT NAVIGATORS INTERNATION	AL, INC.			
	(Firm/ Cor	npany)		
PO BOX 4132				
	(Addre	ess)	<u> </u>	
,Miami Lakes, FL 33014				
	(City/ State and	l Zip Code)		
seascoutship144@gmail.com				
E-mail address: (to	be used for future annu	al report notification	on)	992
For further information concerning this matte	r, please call:			2023 FPR 7
APOLO LAGARDE, IV		305 at	9782990	22
(Name of Contac	t Person)	(Area Code)	(Daytime Tele	phone Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Department of	State:	# 33
■ \$35 Filing Fee □\$43.75 Filing Certificate of	•	oy Certi copy is Certi (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	1., 5
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TRIDENT NAVIGATORS INTERNATIONAL, INC.

(Name of Corporation as currently filed with the	ie Florida	a Dept. of State)			_
N18000002635					
(Docu-	ment Nun	nber of Corporation (if known)			_
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statı	utes, this <i>Florida Not For Profit Corporation</i> a	dopts the	follow	ing
A. If amending name, enter the new name of the	e corpor	ation:			
TRIDENTS SCOUTS INTERNATIONAL, INC.				The n	1214°
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corpor ie.	ration" or "incorporated" or the abbreviation	"Corp. " o	or "Inc	."
B. Enter new principal office address, if applica	able:	N/A			
(Principal office address <u>MUST BE A STREET</u> A		<u>(S</u>)			
					—
				-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A		···· -	
				- 22	
					75.
D. If a manding the anxiety of a control of				עני	
 If amending the registered agent and/or registered agent and/or the new register 	stered of red office	fice address in Florida, enter the name of the address:	•	24	•
Name of New Registered Agent:	N/A		1	<u>.5</u>	,
name of the negligible earlight.	···		7 47 48	<i>∓</i> .	
		(Florida street address)		<u> ಬ</u>	
New Registered Office Address:		·			
	N/A	, Florida			
		(City) (Zip C	.ode)		
New Registered Agent's Signature, if changing lead the hereby accept the appointment as registered agen	Registere u. Lam fo	d Agent: Camiliar with and accept the obligations of the p	osition.		
	,				
_					
		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: X_Change X_Remove X_Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Ar ts. if necessary).	ticles, enter change(s) here: (Be specific)	

		
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The date of each amendment date this document was signed	t(s) adoption: JANUARY 6, 2023	if other than the
Effective date <u>if applicable</u> :	JANUARY 6, 2023	
Enective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirements, this date will repeatment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oppoval.	

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 JANUARY 6, 2023
Signature (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)
APOLO LAGARDE, IV
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)