N18000004498

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Amendicus

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: TURTLE BOX NC.
DOCUMENT NUMBER: N1800000 4498
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Ebner
(Name of Contact Person)
TURTLE BOX INC.
(Firm/ Company)
1200 Australian Ave (Address)
Fort Pierce, FL 34980 (City/State and Zip Code)
Mebrerol @ Comcast net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: $172359 - 500$
Lori Ebner at 772 882 - 5856
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee & S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Articles of Amendment	
to	d.
Articles of Incorporation	1
TURTLE BOX INC.	多
(Name of Corporation as currently filed with the Florida Dept. of State)	7
N 18000004498	Charles !
(Document Number of Corporation (if known)	20%
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	following
A. If amending name, enter the new name of the corporation:	
KI/A	T1
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." of	_The new
"Company" or "Co." may not be used in the name.	n m.
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)	
(Mutting tituting titutings) MAT BE A FOST OFFICE BOA	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
(Florida street address)	
New Registered Office Address:	
, Florida	
(City) (Zip Code)	
The sound of the s	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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)

Remove

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 I V Mike SV Sally S	<u>Jones</u>			
Type of Action (Check One)	<u>Title</u>	Name	Addre	2 <u>5</u> 8	
1) Khange	V,5,D	Michael P.	Ebner	1207 Austra Port Pierce,	alionAre
Add Remove	·			Fort Pierce, 34982	FL
2) Change		_		<u> </u>	
Add					
Remove 3) Change					
Add					
4) Change					
Add					
5) Change					
Add					
Remove					
6) Change Add		Revolution			

If amending or addin attach additional shee	ets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption:, if other than date this document was signed.	th
date this document was signed.	
Effective date if applicable:	
(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 date will not be listed as the document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
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 05 08 19018	
Signature Clad & Control of the Cont	
(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)	
Michael P. Eber (Typed or printed name of person signing)	
(Title of person signing)	