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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Hope Floats in the Sa	ame Boat			
	N22000003061			· ·	·
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are sub-	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Stacey Corn					
	<u> </u>	(Name of Contact	Person)		
Hope Floats in the Same Bo	pat				
· · · · · · · · · · · · · · · · · · ·	-	(Firm/ Compar	ny)		
19000 Midway Blvd,					
,		(Address)			
Port Charlotte, FL 33948					
		(City/ State and Zip	Code)		···
stacey@eagle6adventures.c	om				
- I	-mail address: (to be used	for future annual r	eport notifi	ication	)
For further information con-	cerning this matter, please	call:			
Stacey Corn		í	33 <b>7</b>		532-5656
	(Name of Contact Person		(Area C	ode)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida	a Departme	ent of S	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	is (	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
· Mailing Address		<u>s</u>	treet Add	ress	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

Hope Floats in the Same Boat (Name of Corporation as currently filed with the Florida Dept. of State) N22000003061 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Eagle 6 Adventures Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "Company" or "Co." may not be used in the name. 19000 Midway Blvd B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Port Charlotte, FL 33948 C. Enter new mailing address, if applicable: 19000 Midway Blvd (Mailing address MAY BE A POST OFFICE BOX) Port Charlotte, FL 33948 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: (Zip Code) 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)

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 D           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PTD	Stacey Corn	19000 Midway Blvd Port Charlotte, FL 33948
Remove			
2) Change Add	TR	Brian Pavluchuk	8236 Sweden Blvd Punta Gorda, FL
X Remove 3) Change Add Remove	<u>S</u>	James Turner	S703 Eaglemount Circle Lithia Fl, 33547   ω
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add	<del></del> -		
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption:	, it other than th
April 28, 2022	
(no more than 90 days after amendment file date)	)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer locument's effective date on the Department of State's records.	nents, this date will not be listed as the

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.
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)
Stacey Corn
(Typed or printed name of person signing)
President

(Title of person signing)