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(Request	or's Name)
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(City/Stat	e/Zip/Phone #)
PICK-UP] WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

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er to the following:		
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(Name of Contact Perso	n)	
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yable to the Florida Dep	artment of State:	
S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
		
	mitted for filing. The to the following: (Name of Contact Person (Firm/ Company)) (Address) The Address (City/ State and Zip Cool for future annual report call: at	mitted for filing. To the following: (Name of Contact Person) (Firm' Company) (Address) HONTON (City/ State and Zip Code) (City/ State and Zip Code) (Area Code) (Daytime Telephone Now the Florida Department of State: (Additional Copy (Additional Copy is enclosed) (Additional Copy is Certified Copy (Additional Copy is C

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

Arac	of	
ELVES on s	Shells	Fre
(Name of Corporation as currently filed with the Florida	a Dept. of State)	
N 23 00000	7977	
	nber of Corporation	in (if known)
(Document Nun	noci oi corporane	in (ii known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this <i>Florida</i> i	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The nev
name must be distinguishable and contain the word "corpor	ration" or "incorp	porated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	-	
B. Enter new principal office address, if applicable:	Kich	BRACKETT
(Principal office address MUST BE A STREET ADDRES	P_{iO}	Box 22
	_ ^	WILL TIME 71 4085
		7
C. Enter new mailing address, if applicable:	\mathcal{D} . I	BRACKETT 50 3
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	P, O.	30x 22 SS =
		<u> </u>
		Augustina 7/ 32285-
D. If amending the registered agent and/or registered of	(fice address in F	loride unter the name of the
new registered agent and/or the new registered office		lorida, enter the name of the
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Name of New Registered Agent:		<u></u>
		> ~
		(Florida street address)
New Registered Office Address:		
		Disc. J.
	(City)	, Florida (Zip Code)
	(Cij)	(Zip Couc)
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am j	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 J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u> </u>	Miki Foglia	141 ASK by LANDINGLAY
Remove 2) Change Add	1	Retalie Vreelans	ST. Augustine 71. 32086 141 Adaby Landingway
Remove Change Add Remove			ST. Aigstine 71 32087
4) Change Add			
Remove 51 Change Add Remove			
6) Change Add Remove			
		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) ado date this document was signed.	ption:, if other	er than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.	as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	

Dated	
Signatu	re Lich VIII
-	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Richard BRACKett
	(Typed or printed name of person signing)