Na4000000868

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	~~)
(Bus	siness Entity ivar	ne)
<u>-</u>		
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		•
		()
		1/2

Office Use Only



800439541658

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 18 AM 9: 16

The state of the s

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

lines, Inc.	
rson)	
·)	
,	
S L H	303
CR TAL	3
L E A	V
Dode) 景英 -	8
OCA SEE	=
ort notification)	<u>.</u>
FL	<u></u>
[13	
904 - 710 - 9639	
(Area Code) (Daytime Telephone Number)	
Department of State:	
S S2.50 Filing Fee	
(Additional Copy is Enclosed)	
eet Address	
nendment Section	
e Centre of Tallahassee	
	SECRETARY OF TALL AHASSEE TALL

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SHELLS FOR SHORELINE	ES, INC.	
Name of Corporation as currently filed with the Florida D	Dept. of State)	
N2+000002568		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute imendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> ado _l	ots the following
A. If amending name, enter the new name of the corporati	ion:	
JAX OYSTER LONSER	ZVATION INC.	The new
) RX OYSTER CONSER name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Co	orp." or "Inc."
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>))	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2024 NOV 18 AM 9: 16 SECRETARY OF STATE TALLAHASSEE, FL
). If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the	9: 16 STATE E, FL
new registered agent and/or the new registered office a		ATE 6
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(Florida street address)	
	. Florida	
	(City) (Zip Coo	le)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the pos	tion.

Signature of New Registered Agent, if changing

	aves the c	rorporati	on, Sally Smith is named the V	is listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
mple: Change Remove Add	PT V SV	John L Mike . Sally S	<u>Doc</u> <u>Iones</u>	
eck One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
Change Add				
Remove Change Add	,			SECRI
Remove Change Add Remove				RETARY OF
Change Add				E, F[9: 16
Remove Change Add		_		
Remove Change Add		 -		
Remove	 		distance and an absorption beauty	
famandina - 13		ional Ar	ticles, enter change(s) here: (Be specific)	

			· · · ·		
			· · · · · · · · · · · · · · · · · · ·		
	-,				
					
				S . T	2 2 2
				CRE	<u>~</u> Z 'T'
				— <u>F</u> TA	9074 NOV 18
				TARY OF STATE AHASSEE, FL	<u> </u>
				<u> </u>	
				STA FI	<u>ب</u>
				<u>m</u>	<u></u>
					
The date of each amendment(s) addate this document was signed.	option:			if o	ther than the
Effective date if applicable:					
	(no more than 90 da	tys after amendment f	île date)		
Note: If the date inserted in this bloc focument's effective date on the Dep			requirements, this dat	e will not be list	ed as the
Adoption of Amendment(s)	(CHECK ONE)				
☐ The amendment(s) was/were ad	opted by the members and	d the number of votes	east for the amendme	ent(s)	

was/were sufficient for approval.

Ø	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 Nov 16c 10th 2074	
	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)	
	Hunter Mathews	
	(Typed or printed name of person signing)	
	(Title of person signing)	SE
	(Typed or printed name of person signing)	SEC T <i>I</i>

2024 NOV 18 AM 9: 16 SECRETARY OF STATE TALLAHASSEE, FL