P00 0000 76909

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ___ ACE MARINE INC. DOCUMENT NUMBER: P00000076909 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gretchen Johnson Name of Contact Person Ace Marine Inc. Firm/ Company 1174 Ovington Rd S Address Jacksonville, FL 32216 City/ State and Zip Code ops@aceportagency.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 722-0001

Area Code & Daytime Telephone Number Gretchen Johnson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ace Marine Inc.			
(Name of Corporation	on as currently filed with the l	Florida Dept. of State)	
P0000076909			
(Docum	nent Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	orporation adopts the followi	ng amendment(s)
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A professi		abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
		TAL.	
	 .	7	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	<u> </u>	<u>~</u> .
		Ω. Ω	P#
		·	- 2
		<u></u>	<u> 2</u>
D. If amending the registered agent and/or register new registered agent and/or the new registered		nter the name of the	
Name of New Registered Agent			
**************************************			_
	(Florida street address)		
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)	, · · · · · · · · · · · · · · · ·	Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ne obligations of the position	
y see-pr appenmen as regulered agent.	· ···· jaminia ····· una aveepi vi	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
			_
Signa	ature 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: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	Leighton Johnson	1174 Ovington Rd
Add			Jacksonville, FL 32216
Remove			
2) X Change	vs	Gretchen Johnson	1174 Ovington Rd
Add			Jacksonville, FL 32216
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	, if other than the
•	
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 statutor document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	for approval
by(voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shar action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholaction was not required.	der action and shareholder
Dated 10-13-2019	
Signature	
(By a director, president or other officer - if direct selected, by an incorporator - if in the hands of a appointed fiduciary by that fiduciary)	
Gretchen Johnson	
(Typed or printed name of pers	on signing)
Current President, changing to Vice-President	dent as of the signing of this document
(Title of person sig	ning)