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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	- <u> </u>
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Day Woff:	shore charters onc.
DOCUMENT NUMBER: POSSO 95	280
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	he following:
Wichael TRiA Name of Contac	t Person
DAM Off Shore of Firm/Comp	hasters Inc
11383 N. 63rd N	<u> </u>
West Pam Bec City/ State and Z	ich FC 33412
E-mail address: (to be used for future and	
For further information concerning this matter, please call:	
Name of Contact Person at (5	rea Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Certif	5 Filing Fee & Status ied Copy (Additional Copy is enclosed) 5 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Amend Division of Corporations Divisio P.O. Box 6327 Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Name of Corporation as currently fi	Charters and	
P000000 9	•	
Pursuant to the provisions of section 607.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Cor</i>	poration adopts the following
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Corp," "Inc," or "Co". A p	"incorporated" or the professional corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or register new registered agent and/or the new registered of the new registered agent. 	ed office address in Florida, enter t	FILMAR -7 AN 9: 08 he name of the
Name of New Registered Agent:	NA	
New Registered Office Address:		lorida
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.		

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)

<u>Title</u>	Name	Address	Type of Action
<u></u>	D/A		
E. If amen (attach a	ding or adding additional Articles, enditional sheets, if necessary). (Be s	nter change(s) here:	
<u>provisi</u>	mendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)	, reclassification, or cancell t if not contained in the am	ation of issued shares, endment itself:
_			

The date of each amendment(s) adoption: February 26, 2011 (date of adoption is required)		
Trot at 14 to 14 to		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	east for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder	
Dated <u>\-e</u>	Diene Priese	
(By a selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	