P0000114247

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
SUBJECT: TEAM OFFSh	oabasm TNC.
· ·	0114247
The enclosed Amendment and fee are submi	tted for filing.
Please return all correspondence concerning	this matter to the following:
(Name of Contact Person)	
TEAM OFF ShongASM (Firm/Company)	
209 6844 57. (Address)	
Holmes Beach Fl. 34 (City/State and Zip Code)	217
For further information concerning this matt	er, please call:
(Name of Contact Person)	at (941) 713 - 4680 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	ıt:
\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2008

RICK PEARCE TEAM OFFSHORGASM, INC. 209 68TH ST HOLMES BEACH, FL 34217

SUBJECT: TEAM OFFSHORGASM, INC.

Ref. Number: P00000114247

We have received your document for TEAM OFFSHORGASM, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have completed the form for an amendment on a foreign application form. This corporation is a Florida corporation, not a foreign one. Please complete the enclosed form and resend with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 208A00022997

SECRETARY OF STATE

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RECEIVED

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	—	X1 00	
NAME OF CORPORATION:			SM
DOCUMENT NUMBER:	700000	114247	
The enclosed Articles of Amendme	nt and fee are sub	nitted for filing.	
Please return all correspondence co	ncerning this matt	er to the following:	
Rick 1	FARCE (Name of Cont.	nct Person)	
	(Firm/ Con	npany)	
209 6	841 57 (Addre	ss)	
HolmES	BEACL (City/ State and	FL 34. Zip Code)	217
For further information concerning			
Rick Peace (Name of Contact Person)	Ē	at (<u>941)</u> <u>71</u> (Area Code & Daytin	3 - 4680 ne Telephone Number)
Enclosed is a check for the following	ng amount:		
\$35 Filing Fee \$43.75 Filing Certificate o		\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	, [Street Address Amendment Section Division of Corporation Clifton Building	s

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) (Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of e	each amendment(s) adoption: 04-15-08
Effective dat	e if applicable: (no more than 90 days after amendment file date)
Adoption of	Amendment(s) (CHECK ONE)
	ne amendment(s) was/were approved by the shareholders. The number of votes cast for e amendment(s) by the shareholders was/were sufficient for approval.
for	ne amendment(s) was/were approved by the shareholders through voting groups. The llowing statement must be separately provided for each voting group entitled to vote parately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	ne amendment(s) was/were adopted by the board of directors without shareholder action ad shareholder action was not required.
	ne amendment(s) was/were adopted by the incorporators without shareholder action and areholder action was not required.
	Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)

FILING FEE: \$35