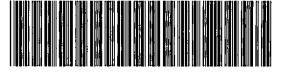
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: OCEAN SEA WING, INC. DOCUMENT NUMBER: P01000090262 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GREGORY R. COHEN Name of Contact Person COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN Firm/ Company 712 US HIGHWAY ONE, SUITE 400 Address NORTH PALM BEACH, FL 33408 City/ State and Zip Code grc@fcohenlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GREGORY R. COHEN 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 enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OCEAN SEA WING, INC	С.				
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)			
P01000090262					
(Documen	nt Number of Corporation (if k	(nown)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts the	ie following	; amendmei	nt(s) to
A. If amending name, enter the new na	me of the corporation:				
N/A				The new	
name must be distinguishable and con "Corp" "Inc" or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "Co	o". A professional corporation n	or the ab	- breviation	
B. Enter new principal office address.	if annlicable	N/A			
(Principal office address MUST BE A S					
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A			
		<u> </u>			
		•			
				~	
D. If amending the registered agent ar new registered agent and/or the ne	<u>id/or registered office addres</u> w registered of fice address:	is in Florida, enter the name of the	<u>ie</u> 설설,	2014	·#*]**
	N/A		h>}i iiriin	HPA	247
Name of New Registered Agent					3
				28	
	(Florida stree	(address)	ີ່(ເລັງ ຕາງໄ	' 70	A z rem
New Registered Office Address:	N/A	, Florida	,		7.316.00
	(City)	(2)	ip Code), o ≯ Con	·	
			خنفار	, 0	
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as regis	tered agent. I am familiar wi	th and accept the obligations of the	position.		
Si	gnature of New Registered Ag	ent, 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	CHRISTIAN SIEGL	138 Waters Edge Drive
Add			Jupiter, FL 33477
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
. П. a.			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter chang (Be specific)	e(s) here:		
N/A	,			
		- 1 TOO O F T OF THE A		
rangama prosent through the page or many areas and the supplementary and the supplementa				
	<u> </u>			
			···	
		 		
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassifica ndment if not con	tion, or cancell tained in the ar	ation of issued sh nendment itself:	nares,
(I) not applicable, thatcate WA)				
		 		
				·
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: N/A	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04/23/2014	
Signature	
(By a director, president of 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)	
CHRISTIAN SIEGL	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	