## P02000 1860 7

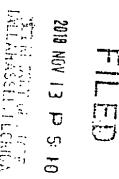
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{O}{A}$	CEAN SPORTS UNLIMITED, INC.
DOCUMENT NUMBER: P0200	
	ent and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
KERRY KU	EHL
	Name of Contact Person
OCEAN SP	ORTS UNLIMITED, INC.
<del></del>	Firm/ Company
2060 MAG:	NOLIA AVE
	Address
SOUTH DA	YTONA, FL 32119
	City/ State and Zip Code
ACCT7264@GM.	AIL.COM
É-mail	address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
KERRY KUEHL	at ( 386 788-5694
Name of Contact Pe	erson Area Code & Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
	Section of Status   Section of Status
Mailing Addres Amendment Sectorision of Corp P.O. Box 6327 Tallahassec, FL.	ion Amendment Section orations Division of Corporations Clifton Building

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

OCEAN SPORTS UNLIMITED, INC.	9952 NOV + 2 - 52 - 51 - 10
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P02000018607	THE PERSON OF TH
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporatio	n:
	The new
name must be distinguishable and contain the word "corpo" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered." "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
Hen heganita Office hadress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
Signature of i	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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P,S	KUEHL, KERRY	2060 MAGNOLIA AVE
Add			S <sub>P.</sub> DAYTONA BEACH, FL 32119
Remove			<del></del>
2) X Change	VP	KUEHL, JOE	2060 MAGNOLIA AVE
Add			So. DAYTONA BEACH, FL 32119
Remove	Т	MCINTOSH, MICHAEL	103 COOPERST. 923 Lemor
XAdd			NEW SMYRNA BEACH,FL 3216-
Remove			So. Dayton FZ 3211
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
<u> </u>	
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f an amendment provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more that	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders to must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	vithout shareholder action and shareholder
10/30/2018	
Dated	Iz
	flicer - if directors or officers have not been
selected, by an incorporator – if in appointed fiduciary by that fiducia	the hands of a receiver, trustee, or other court ry)
JOE KUEHL	
(Typed or print	ed name of person signing)
VP	
(Ti	le of person signing)