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SECRETARY OF STATE DIVISION, OF GORPORATIONS

Mamuch 8 10/30/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Ocean Offshore Management Inc.
DOCUMENT NUMBER:	P02000098088
The enclosed Articles of Amendmen	at and fee are submitted for filing.
Please return all correspondence cor	cerning this matter to the following:
**************************************	John W. Skrycki
	(Name of Contact Person)
Oc	cean Offshore Management Inc.
	(Firm/ Company)
	7256 Birdie Lane
	(Address)
<u></u>	Milton, FL 32570 (City/ State and Zip Code)
For further information concerning t	• •
John W. Skrycki	at (<u>850</u>) 748-7700
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
☑\$35 Filing Fee ☐\$43.75 Filing Certificate of	
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

Articles of Amendment to Articles of Incorporation of

· · · · · · · · · · · · · · · · · ·	ore Management,Inc.	<u> </u>
(Name of Corporation as curre	ntly filed with the Florida Dept.	of State)
	000098088	
(Document Num	ber of Corporation (if known)	
tursuant to the provisions of section 607.1006 ollowing amendment(s) to its Articles of Incorp	5, Florida Statutes, this <i>Florida I</i> coration:	Profit Corporation adop
. If amending name, enter the new name of	the corporation:	
The Ocean M	arine Group Inc.	
the new name must be distinguishable an incorporated" or the abbreviation "Corp.," Co". A professional corporation name ssociation," or the abbreviation "P.A."	"Inc.," or Co.," or the designate	tion "Corp," "Inc," or
8. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u> 1		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		

If amending the registered agent and/or re new registered agent and/or the new registered.		a, enter the name of the
	tered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing	g Registered Agent:	
hereby accept the appointment as registered osition.		accept the obligations

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	<u>Address</u>	Type of Action
***************************************		***************************************	Add Remove
			□ n
	and an artist of the state of t		
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
	· · · · · · · · · · · · · · · · · · ·		
provisi	mendment provides for an exchangons for implementing the amendment applicable, indicate N/A)		

The date of each amendment(s) adoption: DC+0ber 15, 2008					
Effective date if applicable:					
	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.				
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):				
"The number of votes	cast for the amendment(s) was/were sufficient for approval				
by					
	(voting group)				
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder				
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder				
Dated	October 15, 2008				
Signature	Jel. w. Se				
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)				
	John W. Skrycki				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)				