P03000040898

(Requestor's Name)	
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9/16/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ALL FLOR	IDA WATERSP	ORTS INC.
	_{CR} : P0300004089		
	Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
{	3J Cottrell		
-		Name of Contact Perso	n
	Tax & Accounting	g of SWFL, LLC	
_		Firm/ Company	
3	309 Walkerbilt Re	oad #6	
_		Address	
1	Naples, FL 34110	ַ כ	
		City/ State and Zip Cod	e
adm	in@taswfl.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, please	se call:	
BJ Cottrell		_{at (} 239	, 449-4881
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
Ameno Divisio P.O. B	ng Address Imment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation

FILED.

2814 SEP 10 PM 3: 41

ALL FLORIDA WATERSPORTS INC,

SEGREDARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State)

P03000040898		JALLAHASSEE
(Documer	nt Number of Corporation	(if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, (Principal office address MUST BE A S		
ir imeipus office address <u>invos i be A s</u>	(KELT ADDIKESS)	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		13531 Southampton Drive
		Bonita Springs, FL 34135
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent		ing od SWFL, LLC
	809 Walkerbilt	Road #6
New Registered Office Address:	(Florida s	treet address), Florida 34110
	(Cit	(Zip Code)
	nanging Registered Agenered agent. I am familian	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)

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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	Lee W Peacock-0	Collins	13531 Southampton Drive
✓ Add			[Bonita Springs, FL 34135
Remove			-	
2) Change		·		
Add			-	
Remove			_	
3) Change				
Add			_	
Remove			-	
4) Change				
Add			_	
Remove			-	
5) Change				
Add			_	
Remove			_	
6) Change				
Add				
Remove			_	

(Attach additional sheets, if necessary).	(Be specific)	
		.,
·····		
If an amendment provides for an evaluation	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_

The date of each amendment(s) adoption: 09/01/2014	, 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 cast for the amendment(s) was/were sufficient for approval	
by"	
(voting 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 09/01/2014	
Signature Kyon Resort	_
(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)	
Ryan Peacock	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<u> </u>