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### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: OCEAN ONE PROPERTIES INC. P03000107327 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OCEAN ONE PROPERTIES THE.

Firm/ Company 19101 CORTEZ BLUD, UNIT 10524

Address

BROOKSVILLE FL. 34603

City/ State and Zip Code REWADDREWKILShey, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DREW KASLEY

Name of Contact Person \_\_at (\_Z39\_\_) <u>qq:A -qqo2\_\_</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee 翻\$43.75 Filing Fee & \$43.75 Filing Fee & 552.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### Mailing Address

**TO:** Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

	Articles of A to Articles of Inc of NE PROPE	corporation		, A
	Articles of Inco	corporation		2.
	Articles of Income of NE PROPE	corporation		Colo 1
	NE PROPE			TOID JUL 20
		RTIES	INC.	ALLAGA.
	Corporation as current	ly filed with the Fl		tate)
	P0300010	7327		200
	(Document Number of		iown)	
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Cor	<i>poration</i> adopts t	the following amendr
. If amending name, enter the new name	me of the corporation:			
ame must be distinguishable and conta				The ne
Enter new principal office address, if				
3. Enter new principal office address, if Principal office address MUST BE A STA	ion," or the abbreviation "  fapplicable: FREET ADDRESS )  cable: DFFICE BOX	P.A.*	tor the name of t	ha
Enter new principal office address, if Principal office address MUST BE A STA	ion," or the abbreviation " <u>f applicable:</u> <u>(REET ADDRESS)</u> <u>(sable:</u> <u>(DFFICE BOX</u> )	ress in Florida, en	ter the name of t	he
B. Enter new principal office address, if Principal office address MUST BE A STA	ion," or the abbreviation "  f applicable: TREET ADDRESS )  cable: DFFICE BOX)	ress in Florida, en	ter the name of t	
Enter new principal office address, if Principal office address MUST BE A STA	ion," or the abbreviation "  f applicable:  REET ADDRESS)  cable:  OFFICE BOX)  d/or registered office address	ress in Florida, en		
Enter new principal office address, if Principal office address MUST BE A STA	ion," or the abbreviation "  f applicable: FREET ADDRESS)  cable: OFFICE BOX)  d/or registered office address  registered office address	ress in Florida, en		

# 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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	JACKIE KASLEY	
Add			UNIT 10524
Кеточе			Brooksville Fl 34603
2) Change			<del></del>
Add			
Remove			
3 ) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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FC				
If an amendment provides for a provisions for implementing the	n exchange, reclassific e amendment if not co	canon, or cancenanor ontained in the ameno	inent itself:	
(if not applicable, indicate N	VA)			
	•			
		·		

The date of each amendment(s) adoption:date this document was signed.	7.18.18	, if other than
<del>,</del>	7.18.18	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not document's effective date on the Department of S		ements, this date will not be listed as
Adoption of Amendment(s) (CHE	CK ONE)	
I'he amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the proval.	e amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting g		
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by(votin		
(votin	ig group)	
The amendment(s) was/were adopted by the be action was not required.	oard of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and s	shareholder
Dated 7.18.18		
DatedSignature		
(By a director, presid	Bint or other officer — if directors or officers l	
selected, by an incorpangular appointed fiduciary to	porator – if in the hands of a receiver, trustee by that fiduciary)	e, or other court
7)85	w KASLEY	
	yped or printed name of person signing)	
PRE	Tusdie	
	(Title of person signing)	

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