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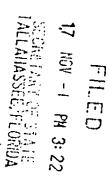
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Wise Marine Cons	truction, Inc.		
DOCUMENT NUM	BER:	<u> </u>	*	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Christopher R Wise			
		Name of Contact Person	n	
	Wise Marine Construction, In	ac.		
		Firm/ Company		
	116 E 1st St, Suite 212			
		Address		
	Sanford, Fl. 32771			
		City/ State and Zip Cod	e	
	marinewise@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Christopher Wise		at (297-0181	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Vise Marine Construction, Inc.					
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of St:	ite)		
203000109046					
	(Document Number	of Corporation (if known)			
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> adopts th	e following	, amen	dment(s)
If amending name, enter the new na	ame of the corporation:				
				The	new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ration "Corp." "Inc," or	"Co". A professional corporation ne	or the al. ime must c	brevia	ttion
. Enter new principal office address,	if annlicable:	116 E. 1st St.			
Principal office address <u>MUST BE A S</u>		Suite 212			
		Sanford, F1 32771			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		116 E. 1st St.			_
		Suite 212	26	77	_
		Sanford, Fl 32771	A A	ACA.	<u> </u>
. If amending the registered agent an	nd/or registered office add	tress in Florida, enter the name of th		-	
new registered agent and/or the new		<u>is:</u>		72	Ü
Name of New Registered Agent	Same			မှ 2	
	116 E. 1st St, Suite 212		> '	N	
	(Florida s	treet uddress)			
New Registered Office Address:	(Florida s Sanford	treet address), Florid	32771		

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) X Change	DP	Christopher R Wise	116 E. 1st St.
Add			Suite 212
Remove			Sanford, Fl 32771
2) X Change	S	Lestie W Wise	116 E. 1st St.
Add		_	Suite 212
Remove			Sanford, Fl 32771
3.) Change	VP	Matthew D Wise	P.O. Box 520524
Add			Longwood, Fl 32752
x Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

<u>If amending or adding additional Article</u> Attach <i>additional sheets, if necessary).</i> — (Be specifici	<u></u> -		
The second of th	are specific)			
				
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	11 814			
				
an amendment provides for an exchang	no reclassification w	enucallation of ice	ind charac	
provisions for implementing the amendr	nent if not contained	in the amendment i	tealfy	
(if not applicable, indicate N/A)	The state of the s	The same same same same same same same sam	tsen.	
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ren a A. Lea Lin Landan and	10/27/2017	, if other than the
The date of each amendment date this document was signed.	s) adoption:	, it omer man me
_	10/27/20[7	
Effective-date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, e Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amend re sufficient for approval.	lment(s)
	e approved by the shareholders through voting groups. The following side for each voting group entitled to vote separately on the amendments:	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	reholder
The amendment(s) was wer action was not required.	e adopted by the incorporators without shareholder action and sharehol	der
10/27 Dated	Tuola Rus	
•	s director, president or other officer – if directors or officers have no lected, by an incorporator – if in the hands of a receiver, trustee, or oth	
ар	pointed fiduciary by that fiduciary)	
	Christopher R Wise	
	(Typed or printed name of person signing)	• · · ·
	President	
	(Title of person signing)	