Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H11000169473 3)))



H110001694733ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087 Phone : (954)389-1333 Fax Number : (954)389-1397

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED

1 JUN 28 PH 12: 21

EUNETARY OF STATE

ALL AHASSEE, FLORING

COR AMND/RESTATE/CORRECT OR O/D RESIGN OCEAN BOX, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

6/28/201

Articles of Amendment to Articles of Incorporation

OCEAN BOX, INC.

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

P04000028482

(Document Num)	ber of Corporation (if kno	own)
Pursuant to the provisions of section 607,1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Florida Profit Corporation adopts the folio
A. If amending name, enter the new name of	the corporation;	
name must be distinguishable and contain the abbreviation "Corp" "Inc.," or Co.," or the aname must contain the word "chargered," "profit	designation "Corp," "In	c," or "Co". A professional corporation
B. Enter new principal office address. If appli (Principal office address MUST BE A STREET		
C. Enter new molling address, if applicable: (Mulling address MAY BE A POST OFFIC	E B()X)	
1). If amending the registered agent and/or re- new registered agent and/or the new regist		in Florids, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor)da street e	address)
-	(City)	Florida(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	i Registered Agent: ent. I am famillar with a	, ,

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being femoved and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Sec	Paul Salver	2721 Executive Park Dr. #3 WESTON, FL 33331	☑ Add ☐ Remove
			Add Remove
			Add Remove
(attach addi	eg or adding additional Articles, enter a strict st	ac)	
provisions	ndment provides for an exchange, recla for implementing the amendment if na applicable, indicate N/A)		
		,	
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendmen	t(s) adoption:	6/27/11
Effective date if applicable:	6/27/11	(dase of adoption is required)
	(no more than	n 90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u>	CHECK ONE)
The amendment(s) was/we by the shareholders was/w		he shareholders. The number of votes east for the amendment(s) or approval.
		the shareholders through voting groups. The following statement and group entitled to vote separately on the amendment(s);
"The number of votes	cast for the amo	endment(s) was/were sufficient for approval
by		51 ************************************
	(voting group)	
The amendmenn(s) was/we ection was not required.	re adopted by ti	he board of directors without chareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	he incorporators without shareholder action and shareholder
Dated	6/28/	
Signature	-director pu	And other officer if diponers or officers have not been
		arporator Timble hands of a receiver, trustee, or other court
арр	olisted fiduciary	y by that fiduciary)
		RITA RUZIC
•	(1	yped or printed name of person signing)
		DIRECTOR
	(Title	of person signing)