PHOW 66123

(Requestor's Name)					
(Address)	_				
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(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)	_				
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:	١				
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2017

LAURA ARDEN SANDERS ITS A 'SHORE' THING, INC. PO BOX 210G SANTA ROSA BEACH, FL 32459

JOPY

SUBJECT: IT'S A "SHORE" THING, INC. Ref. Number: P04000066123

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filled and is being returned to you for the today reason(s):

A post office box is not an acceptable address for the registered agent.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 117A00025315

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COVER LETTER

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Division of Corporati	ons					
NAME OF CORPORAT	ION:TSHORE"	THING, INC				
DOCUMENT NUMBER: P04000066123						
The enclosed Articles of A	mendment and fee are su	abmitted for filing.				
Please return all correspon	dence concerning this ma	itter to the following:	}			
LA	URA ARDEN SANDER	S	F			
 -		Name of Contact Perso	n .			
17"5	S A "SHORE" THING. IN					
		Firm/ Company				
PO	BOX 2103					
		Address	1			
SA	NTA ROSA BEACH, FL	32459				
		City/ State and Zip Cod	le			
arden@its	ashorething.net			<i>f</i>		
	E-mail address: (to be us	sed for future annual report	notification)			
For further information cor	acerning this matter, pleas	se call:				
LAURA ARDEN SANDERS		at (588-5991			
Name of Co	ontact Person	Area Co	de & Daytime Telephone	Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Amenc Divisio Clifton 2661 E Tallaho				

Articles of Amendment to Articles of Incorporation of

		01					
IT'S A "SHORE" THING, INC.							
(Name o	f Corporation :	as currently	filed with the Fl	orida Dept. of	State)		
P04000066123							
	(Document	Number of 0	Corporation (if kn	lown)			
Pursuant to the provisions of section 607.1	006, Florida St	atutes, this $m{F}_{i}$	lorida Profit Corp	poration adopts	the followin	ig amendmei	u(s) to
A. If amending name, enter the new na	me of the corpo	oration:					
NIC	7						
name must be distinguishable and conta "Carp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ttion "Corp " '	'Inc." or "C	o". A profession	r incorporate val corporation	d" or the a name must	_The new Sibreviation contain the	
B. Enter new principal office address i	f annlieable:		1305 POMPANO ROAD				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			PANAMA CIT	YBEACH, FL	32408		
					72.	တ်	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PO BOX 2103			JAN-10	
'			SANTA ROSA	BEACH, FL 3;	2459 <u>"</u>		国
					<u> </u>	زيب)	
D. If amending the registered agent and new registered agent and/or the new	l/or registered offi	office addres	s in Florida, ent	er the name of	the	50	
1	LAURA ARDE		S				
!	PO BOX-210 3	1305	Pompai	nokoo	ad	0e9	
		(Florida street				-	
New Registered Office Address:	SANTA ROSA		anama(rida <u>32459 3</u>	32408	}
		(C	iny) Beac	cy	(Zip (Code) 🗪	٥
New Registered Agent's Signature, if ch	anging Register	red Agent:					
hereby accept the appointment as registe	red agent. Tan	n familiar wii	h and accept the	obligations of u	he position,		

Signature of New Registered Agent, if changing

. address of each Officer (Attach additional sheets Please note the officer/th P = President; V= Vice Executive Officer; CFO held. President. Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or I i, if neces irector tit Presiden = Chief er, Direct I in the fa aves the c	sary) the by the first letter of the office title: tt: T= Treasurer: S= Secretary: D= Director: Financial Officer. If an officer/director holds for would be PTD. ollowing manner. Currently John Doe is listed corporation, Sally Smith is named the V and S.	TR= Tr more il as the F	ustee: C = han one ti PST and M	= Chairman or Clerk; C. tle, list the first letter of the Jones is listed as the	EO = Chief each office V. There is
Example: XChange	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
<u>X</u> Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Addres:	; 	
1) Change	P	WARWICK-LEWIS, JENNIFER	_	164 N. E	 BROOKWOOD AVE	
Add		-		SANTA	ROSA BEACH, FL	
X Remove				32459		_
2) Change	P	LAURA ARDEN SANDERS		PO BOX	1305 Pon	ا. ط
X Add	<u></u> -		- (X 2 /	SANTA	ROSA BEACH.	nama citu
Remove				324 59	32408	Beach, FL
3) Change			_		<u> </u>	
Add			_		1	
Remove						
	'					
4) Change			_	-	!	_
Add	1				:	_
Remove						<u> </u>
5) Change	-		_			<u> </u>
Add						_
Remove	1					_
6) Change						
Add			_			_
Remove						_

E. <u>If amending or adding ad</u> (Attach <i>additional sheets, if</i>	Bitional Articles, enter change(s) he necessary). (Be specific)	ere:	
	AIM		
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<u>provisions for implement</u>	for an exchange, reclassification, on the amendment if not contained	or cancellation of issued share I in the amendment itself:	<u>'\$,</u>
(if not applicable, indi	cate N/A)		1
	NA		
		, , , , , , , , , , , , , , , , , , ,	

The date of each amendment(s) as date this document was signed.	loption: DEC 5, a01	if other than th
Effective date if applicable: 1		•
	(no more than 90 days after amendment file da	ie)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the ar fficient for approval.	mendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	ing statement eni(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	1
hy:	(voting group)	1
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shar	rehølder
Dated 12 -	S.17	1
Signature $\underbrace{\hspace{1cm}}$	med ordered anews	
selected	rector, president or other officer – if directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	e not been other court
	(Typed or printed name of person signing)	V S
	Owner President	
	(Talle of person signing)	