

P05000020059

Florida Department of State
Division of Corporations
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(((H09000216600 3)))



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BEACHCOMBER TOURS, INC.

Certificate of Status	0
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Amend
@ 10/9/09

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PAVESE LAW FIRM

239 542 8953

P.002



October 8, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BEACHCOMBER TOURS, INC.
1232 NW 35TH AVE
CAPE CORAL, FL 33993

SUBJECT: BEACHCOMBER TOURS, INC.
REF: P05000020059

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H09000216600
Letter Number: 409A00032537

RECEIVED
2009 OCT -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

Beachcomber Tours, Inc.

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

P05000020059

(Document Number of Corporation (if known))

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Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Alison C. Hussey

4635 S. Del Prado Blvd.

New Registered Office Address:

(Florida street address)

Cape Coral

(City)

Florida 33904

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Alison C. Hussey
Signature of New Registered Agent, if changing

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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Jody Knubel</u>	<u>1232 NW 35th Avenue</u> <u>Cape Coral, FL 33933</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>V</u>	<u>Robert Romero</u>	<u>1232 NW 35th Avenue</u> <u>Cape Coral, FL 33933</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Dennis L. Rapp</u>	<u>1303 Eagle Point Drive</u> <u>Ft. Deaud, FL 33936</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

OCT-09-2009 08:47

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239 542 8953

P.005

(((H09000216600 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ST	Cynthia A Rapp	1303 Eagle Point Drive Ft. Denaud, Florida 33935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

3 of 4

(((H09000216600 3)))

(((H09000216600 3)))

The date of each amendment(s) adoption: September 30, 2009

(date of adoption is required)

Effective date if applicable: September 30, 2009

(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

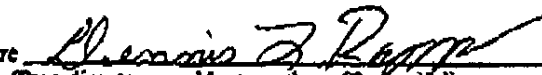
by _____"
(voting group)

☐ 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 10-7-09

Signature



(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)

Dennis L. Rapp

(Typed or printed name of person signing)

President

(Title of person signing)

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