## P05000024075

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(Address)	
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Amend

AUG 16 2017

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Charlotte County !	Marine Service Inc			
	4BER:				
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return all cort	respondence concerning this ma	itter to the following:			
	Michael DeGenaro				
		Name of Contact Perso	n		
	Charlotte County Marine Service Inc				
		Firm/ Company			
	4140 Whidden Blvd Suite A	. ,			
		Address			
	Port Charlotte FL 33980				
		City/ State and Zip Cod	e		
aha	rlotteharbor@seatow.com				
——————————————————————————————————————	•	sed for future annual report	matification)		
	is-man address, (to be di	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Michael DeGenaro		941 at (	) 628-0255		
Name	e of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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			Address		
		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

Charlotte County Marine Service INc	4.0 <b>%</b>
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P05000024075	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amondm
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	5779 Estates Dr
	North Port FL 34291
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 add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	rect address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar  Mchail Delegate  Signature of New F	with and accept the obligations of the position.
Signature of New F	Registered Agent, if changing
AUDRESS CHI	MNIE ONLY

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	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) X Change	P	Michael DeGenaro	5779 Estates Dr	
Add			North Port FL 34291	
Remove				
2) X Change	<u>v</u>	Monica DeGenaro	5779 Estates Dr	
Add			North Port FL 34291	
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
δ) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
	<del></del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
2	8/17	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	10	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated Signature	8/8/17 Michael Pela	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	<del></del>
	Michael DeGenaro	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	