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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Charlotte County N	Marine Service Inc.	
DOCUMENT NUMI	BER: P05000024075		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael R. Degenaro		
		Name of Contact Perso	n
	Charlotte County Marine Ser	vice Inc.	
		Firm/ Company	
	5779 Estates Drive	, ,	
		Address	
	North Port, Florida 34291		
		City/ State and Zip Cod	e
	charlotteharbor@seatow.com	i.	
	E-mail address: (to be us	sed for future annual repor	notification)
For further informatio	n concerning this matter, pleas	se call:	
Michael R. Degenaro		at (628-0255
Name of Contact Person			ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 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		Amen Divisi	Address dment Section on of Corporations tentre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	ntly filed with the Florida Dept. of	State)
P05000024075		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopt	s the following amendment(s) t
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name	he abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		202 SE,
(Principal office address MUST BE A STREET ADDRESS)		R S
		22
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4137 James St. Unit 3	SSESSI BE
	Port Charlotte, Florida 33952	G 39
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre		of the
(Florida	street address)	
Name Province and Office Addresses	TI.	orida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of	the position.
Signature of New	Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>be</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	V		Monica L. Degenaro	5779 Estates Dr.
X Add		_		North Port. Florida 34291
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_	-	
Pernova				

Attach <i>additional</i>	sheets, if necessary).	ticles, enter change((Be specific)			
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an amendment	provides for an exc	hange, reclassificati	on, or cancellation	n of issued shares,	
provis <mark>ions for in</mark>	nplementing the am	endment if not cont	ained in the amen	dment itself:	
(у погаррис	rable, indicate N/A)				
					
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-					

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
Dated 10/20/2021
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)
(Typed or printed name of person signing)
PRESI DENT (Title of person signing)