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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Mailing Address** 

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	N: ANDROS BOATWORKS, INC.	
DOCUMENT NUMBER: _	P05000059633	
The enclosed Articles of Ame	endment and fee are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	PERFECTO BARBA II	
	Name of Contact Person	
	ANDROS BOATWORKS, INC	
	Firm/ Company	
	5697 PINKNEY AVE.	
	Address	
	SARASOTA, FL 34233	
	City/ State and Zip Code	
	perfecto@androsboats.com	<del></del>
E	-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	
PERFECTO	BARBA II at (941) 914-3483	
Name of Con	tact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount made payable to the Florida Department of State:	
□ \$35 Filing Fee □\$43.75	Filing Fee & \$\subseteq\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$\$\$ \$\subseteq\$	(Additional Copy

**Street Address** 

Clifton Building

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

## ANDROS BOATWORKS, INC

(Name of Corporation as currently t	filed with the Florida Dept. of State)	
P05000059	0633	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Statutes</i> , the statutes of the s	orida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new name
must be distinguishable and contain the word "corporation," "company or Co.," or the designation "Corp," "Inc," or "Co". A professional co" professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•	<u>-</u>
C. If amending the registered agent and/or registered office address:  Name of New Registered Agent  PERFECTO H		
	JAMMA II	<del></del>
5697 PINKN		enren-makken-
(Florida street	address)	
New Registered Office Address: SARAS	OTA , Florida 34233	<u></u>
(City)	(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.

- Colont

Signature of New Registered Agent, if changing

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l)Change	D	DONALD R. EGGEBRECHT	1815 UPPER COVE TERRACE
Add			SARASOTA, FL 342321
X Remove			
2)Change	D	ANDREW D. EGGEBRECHT	1808 COCKELSHELL DRIVE
Add			SARASOTA, FL 34231
X Remove			
3 ) Change	P	PERFECTO BARBA II	1857 SANDALWOOD DRIVE
X Add			SARASOTA, FL 34231
Remove			
4)Change			
Add			
Remove			
5)Change	<u> </u>		
Add			
Remove			

attach additional sheets, if necessary). (Be specific)  N/A	
N/A	
	<u> </u>
an amendment provides for an exchange, reclassification, or cancellations sued shares, provisions for implementing the amendment if not contain	<u>ion or</u> red in the
nendment itself: (if not applicable, indicate N/A)	icu in the
· · · · · · · · · · · · · · · · · · ·	
N/A	
	•
	<del></del>

	date of each amendment(s) adoption:this document was signed.	_ if other than the
Effec	etive date <u>if applicable</u> :	
,	(no more than 90 days after amendment file date)	
	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	e listed as the
Adop	otion 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)	
Ø	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 11/11/16	
	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 of printed name of person signing)	
	(Title of person signing)	