## P06800059810

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Capt. Brad Nowich	ki, Inc.	<u> </u>
DOCUMENT NUM	P06000059810		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Bradley Nowicki		
		Name of Contact Person	n
	Capt. Brad Nowicki, Inc.		
		Firm/ Company	
	118 Shore Lane		
		Address	<del>_</del>
	Sugarloaf Key, Florida 330-	40	
		City/ State and Zip Cod	e
captl	oradnowicki@aol.com		,
	<del>-</del>	sed for future annual report	notification)
For further information	on concerning this matter, pleas		
Bradley Nowicki		305 at (	481-7908
		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Arr Div P.C	Initing AddressStreet AddressInnendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsInitial Color of CorporationsClifton BuildingInitial Color of Corporations2661 Executive Center Circle		lment Section on of Corporations Building

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept, of Sta	<u>te</u> )	
Capt. Brad Nowicki, Inc. Pale 2010			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	e following amendment(s	) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association." or the abbreviation	"Co". A professional corporation na		
B. Enter new principal office address, if applicable:	Oceans Edge Marina		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	5950 Peninsular Avenue		
	Key West, Florida 33040	7 D	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EC -II PH	Ξ.
		12: Q5	<b>7</b>
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		<u>e</u>	
Name of New Registered Agent			
<del></del>			
(Florida s	treet address)		
New Registered Office Address:	, Florida (City)	a(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		position.	
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 Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			<del></del>
Remove			<del></del>
2) Change			
Add			
Remove			
3 ) Change		_	_
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	(be specific)
,	
<del></del>	
<del> </del>	<del></del>
<del></del>	<del></del>
<del></del>	<u> </u>
	<u> </u>
if an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment user.
<del></del>	<del> </del>

The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	October 1, 2017	
Elective date <u>in applicable</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	)
	re approved by the shareholders through voting groups. The following statemened for each voting group entitled to vote separately on the amendment(s):	u
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Octol Dated	per 1, 2017	
Signature	Buil March!	
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Bradley Nowicki	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	