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COVER LETTER

TO: Amendment Section Division of Corporations

`;

NAME OF CORPORATION: _	Floaters	Portable Si	nitation, Inc.	
DOCUMENT NUMBER: POGGOOGGO GO				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence of	concerning this mat	ter to the following:		
- 3711 - Sac	Evel Trout Lsonville	Name of Contact Per Adve 1 Address Horida City/ State and Zip C	32208 Jode	
		ed for future annual repo	ort notification)	
For further information concerning For further information concerning Name of Contact I Enclosed is a check for the follow	Person	at (<u>GOU</u> Area	Code & Daytime Telephone Number epartment of State:	
-	.75 Filing Fee & ifficate 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 Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, Fl.	ction porations	Amo Divi Clifi	ret Address endment Section ision of Corporations ton Building 1 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of	or acton		
Thaters Partal	de Sonta	tion duc		· · · · · · · · · · · · · · · · · · ·
(Name of C	orporation as currently fi	<u>led_with_the_Florida_Dep</u>	t. of State)	
\mathcal{D}	0000000	121 098		
	(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this <i>Flo</i>	rida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association.	n "Corp," "Inc," or "Co ," or the abbreviation "P.:	". A professional corpor	orated for the ab ution name must c	opreviation contain the
B. Enter new principal office address, if a post of the control of				
				
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		
	-			
				· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or new registered agent and/or the new re		in Florida, enter the na	ne of the	
Name of New Registered Agent				
	(Florida street	address)		
N D : 100 W			121 a ad da	
New Registered Office Address:	(Ci	<u></u>	_, Florida <u> </u>	Tode)
		•	·	
			F1. 52	
New Registered Agent's Signature, if chan-	ging Registered Agent:		2017	***************************************
I hereby accept the appointment as registered	l agent. – I am familiar with	and accept the obligation	is of the position	1
				- -
			<u>iii</u>	
	Signature of New Page	stered Agent, if changing		
	Dignorm Coy Item Regi	one on rigem, 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	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	$\overline{\mathcal{D}}$	Robert A. Green	Clester
X Add			13075 Lanier Road
Remove			Jacksonville, 41 32226
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s) (Be specific)			
			-	
			-	
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		-		
			-	
				
f an amendment provides for an exch	<u>ange, reclassification</u> ndment if not contain	<u>, or cancellation of i</u> ed in the amendmer	ssued shares, it itself:	
provisions for implementing the ame				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)		_		
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
provisions for implementing the ame (if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption:	if other than the
date this document was signed.	•
Effective date <u>if applicable</u> :	
(no more than 9	0 days after amendment file date)
Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/wes	re sufficient for approval
by	
(voling group)	
The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	nout shareholder action and shareholder
· , .	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
(Typed or printed	name of person signing)
(Title	of person signing)