P06000106220

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Adventure Park	Management, Inc.		
DOCUMENT NUMBER: P06000106220			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Christina Schwartzman			
	Name of Contact Person	n	
Adventure Park Managem	nent		
	Firm/ Company		
210 NW 201 AVE			
	Address		
Pembroke Pines, FL 3302	9		
	City/ State and Zip Cod	e	
csoverns@evergladestour	s.com		
•	e used for future annual report	notification)	
For further information concerning this matter, p Christina Schwartzman	lease call: at (at (649-2690	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount ma	de payable to the Florida Dep	artment of State:	
S35 Filing Fee S43.75 Filing Fee Certificate of Status	_	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Address	
Amendment Section		Iment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Adventure Park	Managememt

(Name of Cornoration as	s currently filed with the Florida Dept. of State)	
P06000106220	searcing med with the Florida Dept. of State,	
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amo	endment(s) t
A. If amending name, enter the new name of the corpor	ration:	
	The	new
	ration," "company," or "incorporated" or the abbreviation "C "Co". A professional corporation name must contain the	orp.,"
B. Enter new principal office address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>w</u>)	
	02)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	PH/2:	
	<u></u>	-
	<u></u>	
D. If amending the registered agent and/or registered of		
new registered agent and/or the new registered office	ee address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
New Registered Office Address.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere		
herehy accept the appointment as registered agent. I am j	familiar with and accept the obligations of the position.	
	of New Registered Agent, if changing	
•		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.01	2120 (11) (3) E.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)

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	Timothy Schwartzman	210 NW 201 AVE
x Add			Pembroke Pines, FL 33029
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ıl sheets, if necessary).	(Be specific)			
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_	nt provides for an excha	nge, reclassificatio	n, or cancellation of	issued shares,	
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) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amere sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
9/25/200 Dated	infriper	
sele	a director, president or other officer – if directors or officers have no cted, by an incorporator – if in the hands of a receiver, trustee, or ot ointed fiduciary by that fiduciary)	
	Christina Schwartzman	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·