P06000126786

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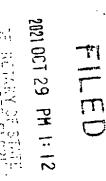
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A. RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: E.G. SURFING II.	INC.			
DOCUMENT NUMI	BER: P06000126786				
	of Amendment and fee are so	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	JOSHUA STRONG				
	Name of Contact Person				
	QUALITY TAX & ACCOUNTING SERVICES LLC				
		Firm/ Company			
	3113 S RIDGEWOOD AVE				
	Address				
	SOUTH DAYTONA FL 321	19			
		City/ State and Zip Cod	e		
	JOSHUA.QFSINC@GMAIL	COM			
	_	sed for future annual report	notification)		
For further informatio	n concerning this matter, plea		, 761-7855		
Name of Contact Person		Area Co	761-7855 de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ling Address		Address		
	endment Section	Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Taliahassee, FL 32303

Articles of Amendment

to

FILED

Articles of Incorporation of

FG SHRFING ILING

2021 OCT 29 PM 1: 12

(<u>Name</u>	e of Corporation as currently filed with it	he Florida Dept. of State)
P06000126786	CAT	TAHASSEE THE TEN
	(Document Number of Corporation	(if known)
Pursuant to the provisions of section 60 ts Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida Profi</i>	it Corporation adopts the following amendment(s) t
A. If amending name, enter the new	name of the corporation:	
name must be distinguishable and conta Inc" or Co.," or the designation 'chartered," "professional association,	"Corp." "Inc." or "Co". A professiona	Thenew "incorporated" or the abbreviation "Corp.," I corporation name must contain the word
3. Enter new principal office address	s, if applicable:	
Principal office address <u>MUST BE A.</u>	<u>STREET ADDRESS</u>)	
Enter new mailing address, if app (Mailing address MAY BE A POST		
	OTTICL BOX	
	•	
). $ { m II}$ amending the registered agent a	nd/or registered office address in Florida	a enter the name of the
 If amending the registered agent a new registered agent and/or the ne 	ind/or registered office address in Florid ow registered office address:	a, enter the name of the
new registered agent and/or the ne	ew registered office address: OHALITY TAY & ACCOUNTRISIC COL	
D. If amending the registered agent a new registered agent and/or the new Name of New Registered Agent	ew registered office address: OHALITY TAY & ACCOUNTRISIC COL	
new registered agent and/or the ne	ew registered office address: QUALITY TAX & ACCOUNTING SEI	
new registered agent and/or the ne	QUALITY TAX & ACCOUNTING SEI 3113 S RIDGEWOOD AVE (Florida street address)	

☐ 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

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>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>S</u>	ERIC GEISELMAN	408 FLORIDA AVE	
Add			NEW SMYRNA FL 32169	
🗶 Remove				
2) X Change	PVT	EVAN GEISELMAN	611 OCEAN AVE	
Add			NEW SMYRNA FL 32169	
Remove 3) X Change	S	REGINA GEISELMAN	1816 BEACON ST	
Add			NEW SMYRNA FL 32169	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		,		
Remove				

	heets, if necessary).	(Be specific)			
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an amendment p	royides for an exch	ange, reclassifica	tion, or cancellat	ion of issued sha	res
	lementing the amer	ndment if not cor	tained in the am	endment itself:	- 6.76
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, t Department of State's records	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amend sufficient for approval.	lment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s,	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by Magina L	Gerselver "	
Dated_\O\	26/2021	
Dated		
Signature		
(By a	director, president or other officer - if directors or officers have not	
	ed, by an incorporator – if in the hands of a receiver, trustee, or othented fiduciary by that fiduciary)	er court
	REGINA GEISELMAN	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	·