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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 AUG 19 PM 3:54

Amend / cus
Name chg
@ 8/20/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOLFAHOY INC

DOCUMENT NUMBER: P06000157604

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORI A HENDERSON
Name of Contact Person

GOLFAHOY INC
Firm/ Company

15061 CLOVERDALE DRIVE
Address

FORT MYERS FL 33919
City/ State and Zip Code

LORI@GOLFAHOY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI A HENDERSON at (239) 344 9187
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

GOLFAHOY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000157604

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 AUG 19 PM 3:34

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

GOLFAHOY CRUISE PLANNERS INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2402 PALM RIDGE ROAD

SUITE 114

SANIBEL ISLAND

FLORIDA 33957

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

15061 CLOVERDALE DRIVE

FORT MYERS FL 33919

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(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.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	LORI A HENDERSON	15061 CLOVERDALE DR FORT MYERS FL 33919	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	ANTHONY WEBBER	15061 CLOVERDALE DR FORT MYERS FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

THE OFFICERS OF THE CORPORATION
 LORI A HENDERSON - PRESIDENT
 LORI A HENDERSON - SECRETARY
 LORI A HENDERSON - TREASURER

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 15 AUGUST 2010
(date of adoption is required)
Effective date if applicable: 15 AUGUST 2010
(no more than 90 days after amendment file date)

Adoption 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)

☐ 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 15 AUGUST 2010

Signature [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)

ANTHONY WEBBER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)