## P06000157604

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

GOLFAHOY CRUISE PLANNERS INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Henderson Name of Contact Person Golf Ahoy Inc. Firm/ Company 2330 Palm Ridge Road, Suite 10-114, Address Sanibel, Florida 33957 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 Henderson Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to

FILED

Articles of Incorporation 2015 AUG 17 PM 2: 16

GOLFAHOY CRUISE PLANNERS INC.	SECHLIARY OF STATE
(Name of Corporation as current	tly filed with the Floridh Dept. of State
P06000157604	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
GOLF AHOY INC.	The new
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	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2330 Palm Ridge Road
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 10-114
	Sanibel, Florida 33957
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	rtreet address)
	·
New Registerea Office Address.	(City) (Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	<u>.</u> nt:
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.

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)	Title	Name	<u>Addres</u> s	
1) X Change	P	Lori Henderson	15061 Cloverdale Drive	
Add			Fort Myers	
Remove			Florida 33919	
2) X Change	D	Anthony Webber	15061 Cloverdale Drive	
Add			Fort Myers	
Remove			Florida 33919	
3) Change				
Add				
Remove				
4) Change			······································	
Add			·	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
3 16-1 n	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

•	8/11/2015		
The date of each amendment(s)	adoption:		, if other than the
date this document was signed.	,		
9. Effective date <u>if applicable:</u>	01/2015		
micente date <u>ii applicable</u> .	(no more the	an 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the		pplicable statutory filing requirements, this.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendm	ent(s)
☐ The amendment(s) was/were a must be separately provided j	pproved by the shareholders or each voting group entitled	s through voting groups. The following sta d to vote separately on the amendment(s):	tement
	• •	s/were sufficient for approval	
by	(voting group)	,19	
-	(voting group)		
The amendment(s) was/were a action was not required.	dopted by the board of direc	ctors without shareholder action and shareh	nolder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators	without shareholder action and shareholde	r
8/11/201 Dated	5	<del></del>	
Signature			
selec		officer – if directors or officers have not b in the hands of a receiver, trustee, or other iary)	
	Anthony Webber	Pullaber	
	(Typed or print	Ited name of person signing)	Ku
	_ nu	Sitle of person signing)	·
	(*)	me or person signing,	