## P07000001817

| (Requestor's Name)                      |           |
|---|-----------|
| (Address)                               |           |
| (Address)                               |           |
| (City/State/Zip/Phone #)                |           |
| PICK-UP WAIT MAIL                       |           |
| (Business Entity Name)                  |           |
| (Document Number)                       |           |
| Certified Copies Certificates of Status |           |
| Special Instructions to Filing Officer: |           |
|   |           |
|   |           |
|   | $\bigcap$ |

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ATIONS ATTE

## **COVER LETTER**

| Division of Corporations                            | ·  |
|---|--|
| NAME OF CORPORATION: SOUTH                          | SHORE BAIT TACKLE, INC   |
| DOCUMENT NUMBER: POTO                               | 0000 1817  |
| The enclosed Articles of Amendment and fee are      | submitted for filing.  |
| Please return all correspondence concerning this r  | matter to the following:   |
| MEZ   | ISSA HART  ne of Contact Person  |
| ABACUS Z  | BUSINESS & TAX   |
| 41  | Firm/ Company  |
| 105 7 AV  | ENE  |
| RUSKI   | Address 4, FL 33570  |
| MelissaJoHAR  | State and Zip Code  2T 1969@ 6MAIL, COM  or future annual report notification)   |
| For further information concerning this matter, ple | ease call:  at (813) 645-4000  Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount mad    | le payable to the Florida Department of State:   |
| \$35 Filing Fee \$\text{Certificate of Status}\$    | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address                                     | Street Address   |
| Amendment Section Division of Corporations          | Amendment Section Division of Corporations   |
| P.O. Box 6327                                       | Clifton Building   |
| Tallahassee, FL 32314                               | 2661 Executive Center Circle   |

Tallahassee, FL 32301

## **Articles of Amendment**

to

| Articles | of Incor | poration |
|----------|----------|----------|

| South SHORI  | F BAIT                        | ETACKIE INC                                   | $\alpha$             |
|--|-------------------------------|---|----------------------|
| (Name of Corporation as curren   | ntly filed with the Florida   | a Dept. of State)                             |                      |
| $D \wedge T$   | MMIQ                          | 1/1   |                      |
|  | <u> </u>                      |   |                      |
| (Document Num)   | ber of Corporation (if know   | wn)   |                      |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:  | , Florida Statutes, this FI   | orida Profit Corporation adopts               | the following        |
| A. If amending name, enter the new name of   | the corporation:              |   |                      |
|  |                               | 7   | The new              |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professions" | designation "Corp," "Inc,     | ," or "Co". A professional cor                | ' or the<br>poration |
| B. Enter new principal office address, if appli  | icable:                       |   |                      |
| (Principal office address MUST BE A STREET   |                               | · · · · · · · · · · · · · · · · · · ·         | **                   |
|  |                               | <u>.</u>                                      | 0                    |
|  |                               | <b>±</b>                                      | SI VI                |
|  |                               | SE  | SER T                |
| C. Enter new mailing address, if applicable:   | TE BAY                        | 7 <u>.</u>                                    | PARTE L              |
| (Mailing address <u>MAY BE A POST OFFIC</u>  | <u>E BUX</u> )                |   | - CORRECT            |
| •  |                               |   | FST                  |
|  |                               |   | [Allows<br>9: 22     |
| D. If amending the registered agent and/or re  | ogistored office address is   | . Florida enter the name of the               | ₩ £                  |
| new registered agent and/or the new regist   |                               | i Fiorida, enter the name of the              | •                    |
|  |                               |   |                      |
| Name of New Registered Agent:  |                               | M. 1977 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |                      |
|  |                               |   |                      |
| New Registered Office Address:   | (Florida street a             | ddress)                                       |                      |
| ·  |                               | Clarida                                       |                      |
| -  | (City)                        | , Florida<br>(Zip Code)                       | <del></del>          |
| <u> </u>   | •                             | //  |                      |
| New Registered Agent's Signature, if changing  |                               | and annual the ablications of the             |                      |
| I hereby accept the appointment as registered ag   | geni. – i am jamiliar with ai | na accept the obtigations of the p            | osmon.               |
|  |                               |   |                      |
| . Si <sub>ž</sub>  | gnature of New Registered     | l Agent, if changing                          |                      |

| removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) |   |                               |                            |
|--|---|-------------------------------|----------------------------|
| Title  | Name  | Address                       | Type of Action             |
| P  | BARBARA ACHALA  | NERS 55 Abetti USHWY          | ₩☐ Add<br>☐ Remove         |
| 44   | LARRY W CHALME  | 25 55 Abeth 115HW             | -<br>14 Add                |
|  | 17  | AUSKIN FL 3357                | Remove                     |
| SEC.   | WILLIAM J. RYAN   | 55 NORTH USHWYI               | Add                        |
| :  |   | RUSKIN, FL 593-               | <b>}C</b> □ Remove<br>-    |
|  | ng or adding additional Articles, enter citional sheets, if necessary). (Be specifi |                               |                            |
| Lmm  | EDIATELY IT WAS   | UNANIMOUSI & C                | ADOPTED &                  |
| APPROV   | IED THE SECTION   | •                             | OFFICERS!                  |
| DIRECT   | ORS NAMES & ADDR  |                               |                            |
|  | SIDENT: BARBARA   |                               | . 1                        |
| V.P  | LARRY W. CHALT  | MERS-55 NORTH                 | 1.S. Huny 4 Ruskin, FL 337 |
| SEC.   | WILLIAM J RYAN.   |                               | Hwy 41 Ruskin, FC          |
| F Ifaname  | ndment provides for an exchange, recis  | <del>-</del>                  | 3337                       |
| <u>provisions</u>  | s for implementing the amendment if napplicable, indicate N/A)                      | ot contained in the amendment | itself:                    |
| SHAR   | ES WIU BE   | DIVIDED A                     | s follows:                 |
| BER  | BARA A. CHAL  | MERS - 455                    | SHARES                     |
| FERRY  | W. CHALMER  | <u>s - 45 shp</u>             | RES                        |
| Will   | 1AMJ. KYAN  | 1- 10 SHF                     | IRES                       |
|  | · .   |                               |                            |

If amending the Officers and/or Directors, enter the title and name of each officer/director being

| The date of each amendment                         | (s) adoption: $(4-1-20)$  |
|--|---|
| 70 cc 4 1 4 1 c 1 1 1 1 1 1 1 1 1 1 1 1 1          | (date of adoption is required)  |
| Effective dațe <u>if applicable</u> :              |   |
| •  | (no more than 90 days after amendment file date)  |
| ,  | •   |
| Adoption of Amendment(s)                           | (CHECK ONE)   |
| The amendment(s) was/weby the shareholders was/web | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.  |
|  | re approved by the shareholders through voting groups. The following statement d 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/wer action was not required.  | re adopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/wer action was not required.  | re adopted by the incorporators without shareholder action and shareholder  |
| Dated  |   |
| Signature  | Kabaca & Chalinees  |
|  | a director, president or other officer - if directors or officers have not been   |
|  | ected, by an incorporator – if in the hands of a receiver, trustee, or other court  |
| арр <sup>,</sup>                                   | ointed fiduciary by that fiduciary)   |
|  | BARBARA A CHAIMERS  |
| •  | (Typed or printed name of person signing)   |
| ;  |   |
| ٠,   | TRESIDENT   |
| 1:   | (Title of person signing)   |