Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Fax Number

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**Enter the email address for this business entity to be used for Entra

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SKYDIVE FLORIDA KEYS INC.

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SKYDIVE FLOR	DA KEYS INC.		
DOCUMENT NUMBER: P07000083951				
The enclosed Articles of	of Amendment and fcc are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
_	Cheyenne Moseley			
_		Name of Contact Person	n	
	LegalZoom.com, Inc.			
•		Firm/ Company		
	100 W. Broadway Suite 10	00		
-		Address		
	Glendale, CA 91210			
-		City/ State and Zip Cod	2	
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info@	skydivekeywest.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
Cheyenne Moseley		at (323	962-8600 ext 7950	
, Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O.	Box 6327	Clifton	Building	
Talla	hassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

16 MAR 28 AM 11: 30

	of	SECRETARY OF STATE
	SKYDIVE FLORIDA KEYS INC.	TALLAHASSEE, FLORIC
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
	P07000083951	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporate	on adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional co	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	dicable: TADDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	
D. If amending the registered agent and/or r new registered agent and/or the new regis		e name of the
Name of New Registered Agent		
-	(Florida street address)	
New Registered Office Address:	, Ft	orida
	(City)	(Zip Code)
New Repistered Agent's Signature, if changing I hereby accept the appointment as registered a	ngent. I am familiar with and accept the oblig	ations of the position.
Signatur	re of New Registered Agent, if changing	

6) ____ Change ____ Add ____ Remove

address of each Officer (Attach additional sheets Please note the officer/dl P = President; V = Vice Executive Officer: CFO held. President, Treasure Changes should be noted	and/or E , if necess rector till Presiden = Chief i er, Direct in the fo	vary) le by the first letter of the office title: l; T= Treasurer; S= Secretary; D= Director; TR= T Financial Officer. If an officer/director holds more to would be PTD. llowing manner. Currently John Due is listed as the corporation, Salty Smith is named the V and S. These	rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X.Change	PI	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Nome	Address
I) Change	SD	WILLIAM WALLACE RESPESS III	56 BOCA CHICA ROAD, #443
X Add			KEY WEST, FL 33040
Remove			
2) X Change	PT	FRANKLIN E MURPHY JR	1213 GEORGIA ST.
Add			KEY WEST, FL 33040
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			

Page 2 of 4

	ary). (Be specific)
icle IV: Please amend the num	ber of shares the corporation is authorized to issue to 9 shares
	
	, , , , , , , , , , , , , , , , , , ,
	
	
If an amendment provides for a provisions for implementing the (if not applicable, indicate N	n exchange, reclassification, or cancellation of issued shares, a amendment if not contained in the amendment itself: (///////////////////////////////////
provisions for implementing the	e amendment if not contained in the amendment itself:
provisions for implementing the	e amendment if not contained in the amendment itself: (4)
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provisions for implementing the	e amendment if not contained in the amendment itself: (4)

Page 3 of 4

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The date of each amendment(s) addate this document was signed.	option: 3/18/2016	if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Release for approval.	
	roved by the stureholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 3/	123/16	
Signature	entlà & Maysley J.	
(By a di	rector, president or other officer if directors or officers have not been	
	l, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	FRANKLIN E MURPHY JR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	