

PO7000106738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

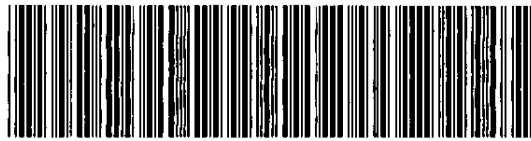
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09/23/09--01029--015 \*\*131.25

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09 SEP 23 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
C.COULLIETTE

SEP 24 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SOL MARINE SERVICES, INC.

**DOCUMENT NUMBER:** P07000106738

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

Please return all correspondence concerning this matter to the following:

KIMBERLY CLARK

Name of Contact Person

MOORE & COMPANY, P. A.

Firm/ Company

355 ALHAMBRA CIRCLE, SUITE 1100

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

KCLARK@MOORE-AND-CO.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY CLARK

Name of Contact Person

at ( 786 )

221-0600

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

SOL MARINE SERVICES, INC.

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

P07000106738

(Document Number of Corporation (if known))

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:**

*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**)

7997 MARKET STREET

YOUNGSTOWN, OH 44512

**C. Enter new mailing address, if applicable:**

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

BOX 3847

YOUNGSTOWN, OH 44513

**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)

\_\_\_\_\_, Florida  
(City) (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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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>
DIR	OHLY, JANE	4309 AUTUMN RIDGE LANE SANDUSKY, OH 44870 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DIR	LYDEN, MARK	5565 AIRPORT HIGHWAY TOLEDO OH 43615 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	OHLY, JANE	4309 AUTUMN RIDGE LANE SANDUSKY, OH 44870 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF ACTION</u>
T	Lyden, Mark	5565 Airport Highway Toledo, OH 43615 US	REMOVE
P	Sweeney, Douglas	7997 Market Street Youngstown, OH 44512	ADD
T	Sweeney, Douglas	7997 Market Street Youngstown, OH 44512	ADD

The date of each amendment(s) adoption: September 16, 2009

Effective date if applicable: September 16, 2009  
(date of adoption is required)  
(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)

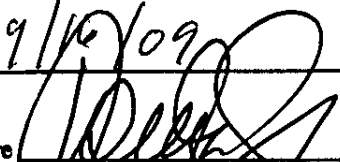
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

9/16/09

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)

DOUGLAS SWEENEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)