## P08000021332

| •                                       |
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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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## **COVER LETTER**

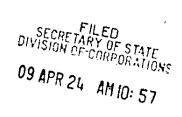
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**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:   | BRETT TEC                                       | CH. INC   |   |  |  |
|--|---|---|---|--|--|
| DOCUMENT NUMBER: PO  | 80000213  | 332   | <b>a</b>  |  |  |
| The enclosed Articles of Amenda  | nent and fee are                                | submitted for filing.   |   |  |  |
| Please return all correspondence   | concerning this                                 | matter to the following:  |   |  |  |
| Brett Hagood (Name of Contact Person)  |   |   |   |  |  |
|  | (Nume of  | Contact I croony  |   |  |  |
|  | (Firm/ Company)                                 |   |   |  |  |
| <del></del>  | 30 Cedar Drive                                  |   |   |  |  |
|  | (/  | Address)  |   |  |  |
| <del></del>  |   | nport, FL 33837<br>te and Zip Code)   |   |  |  |
| For further information concerning   | g this matter, p                                | lease call:   |   |  |  |
| Brett Hagood   | ,,, <u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u> | at (863) _229-26  |   |  |  |
| (Name of Contact Perso   |   | ·   | ne Telephone Number)  |  |  |
| Enclosed is a check for the follow   | ing amount ma                                   | de payable to the Florida D   | epartment of State:   |  |  |
| \$35 Filing Fee \$43.75 Fil<br>Certificate   |   | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                               | Status 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 Corporation Clifton Building 2661 Executive Center |   |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



| BRETT TECH, INC   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| (Name of Corporation as currently filed with the Flo  | orida Dept. of State)                     |  |  |  |  |  |
| P08000021332  |   |  |  |  |  |  |
| (Document Number of Corporation (if   | known)                                    |  |  |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, th following amendment(s) to its Articles of Incorporation:   | is Florida Profit Corporation adopts the  |  |  |  |  |  |
| A. If amending name, enter the new name of the corporation:   |   |  |  |  |  |  |
| TRUE ISLAND ADVENTURES, INC   |   |  |  |  |  |  |
| The new name must be distinguishable and contain the word "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or "Co". A professional corporation name must contain the association," or the abbreviation "P.A." | the designation "Corp," "Inc," or         |  |  |  |  |  |
| B. Enter new principal office address, if applicable:   |   |  |  |  |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |   |  |  |  |  |  |
| 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:   | ess in Florida, enter the name of the     |  |  |  |  |  |
| Name of New Registered Agent:   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| New Registered Office Address: (Florida str   | eet address)                              |  |  |  |  |  |
| (Cit  | , Florida                                 |  |  |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familioposition.   | ar with and accept the obligations of the |  |  |  |  |  |
| Signature of New Regis  | tered 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> | Type of Action                        |
|---|--|----------------|---------------------------------------|
|   |  |                | Add Remove                            |
|   |  |                | Add Remove                            |
| ·                                       | <del></del>  |                | Add Remove                            |
|   | ding or adding additional Articles, dditional sheets, if necessary). (Be                       |                |                                       |
| *************************************** |  |                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| <del></del>                             |  |                |                                       |
|   |  |                |                                       |
|   |  |                |                                       |
|   |  |                |                                       |
|   |  |                |                                       |
|   |  |                |                                       |
| provisi                                 | mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A) |                |                                       |
|   |  | N/A            |                                       |
| *************************************** |  |                |                                       |
|   |  |                |                                       |
|   |  |                |                                       |
|   |  |                |                                       |
|   | · · · · · · · · · · · · · · · · · · ·  |                |                                       |
|   |  |                |                                       |

| The  | date of each amendment(s)                                     | adoption: 21 April 2009        |  |
|------|---|--------------------------------|--|
| Effe | ctive date <u>if applicable</u> :                             |                                |  |
|      | (ne   | o more than 90 days after a    | mendment file date)  |
| Adoj | ption of Amendment(s)   | (CHECK ONE)                    |  |
|      | The amendment(s) was/were a<br>by the shareholders was/were s |                                | The number of votes cast for the amendment(s)  |
|      |   |                                | s through voting groups. The following statement to vote separately on the amendment(s): |
|      | "The number of votes cast                                     | for the amendment(s) was/      | were sufficient for approval   |
|      | by  |                                | ,,   |
|      | (vo   | ting group)                    |  |
|      | The amendment(s) was/were action was not required.            | dopted by the board of direc   | ctors without shareholder action and shareholder   |
|      | The amendment(s) was/were action was not required.            | dopted by the incorporators    | without shareholder action and shareholder   |
|      | Dated 21 April 2  | 0009                           | <del></del>  |
|      | S:  | Full ()                        |  |
|      | Signature(By a d  | irector, president or other of | fficer - if directors or officers have not been  |
|      | selected  | l, by an incorporator - if in  | the hands of a receiver, trustee, or other court   |
|      | appoint   | ed fiduciary by that fiducia   | ry)  |
|      |   | Bre                            | tt J Hagood  |
|      | <del></del>   | (Typed or printed              | name of person signing)  |
|      |   |                                | President  |
|      | <del>-</del>  | (Title of per                  | rson signing)  |