## P08000043931

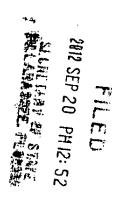
(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
(	Office Use Onl	ly
É		



000238747950

08/22/12--01012--007 \*\*35.00

M



SEP 2 0 2012 T. ROBERTS



August 23, 2012

TRACEY PROSPERO RICK'S AUTO CENTER 1825 S PATRICK DR INDIAN HARBOR BEACH, FL 32937

SUBJECT: MAN OVERBOARD BAIT & TACKLE, INC.

Ref. Number: P08000043931

We have received your document for MAN OVERBOARD BAIT & TACKLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L00000012209 - PRO INVESTMENTS, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 612A00021679

Proposition of the contract of

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORA	TION: <u>Man O</u>	verboard -	Bait & Tackle, Inc
DOCUMENT NUMBER	R: <u>Po 8000</u>	15954	
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
	Tracey	Pro Spero Name of Contact Person	1
_	Bick's	Firm/ Company	cter
	1825	S. Patrick Address	- Drive
_	Indian	City/ State and Zip Cod	seach, F1 32937
<del></del>	E-mail address: (to be us	to center sed for future annual report	1@aol.com notification)
For further information c	oncerning this matter, pleas	se call:	
Name of	Prospero Contact Person	at ( 32-\ Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	artment 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)
Amend	ng Address  Iment Section on of Corporations	Amend	Address Iment Section on of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

			_	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)			
man Overboard Bait + Tac	lele, Inc	P08000	SHC	731
(Document Number of Corporation (if k				-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the statu	. •	•	_	
A. If amending name, enter the new name of the corporation: Pe	Ro Beach Ir	ivestmen.	ts, -	Enc.
Pro Investments, Inc	<b>.</b>		The r	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corpo	porated" or the a	contain	tion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SE SE	ריים קייניים בייים	* ***
				,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A	20.0C	ר	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the n	ame of the	-	
Name of New Registered AgentN /A		<del></del>		
(Florida stree	t address)	_		
New Registered Office Address: (City)	, Floric	la (Zip Code)	-	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar win  Signature of New Registered Agent				
Signature of New Kegisterea Ag	em, y 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 <math>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.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jone	<u>es</u>	NA	f	
X Add	<u>sv</u>	Sally Smit	<u>th</u>			
Type of Action (Check One)	<u>Title</u>	<u>1</u>	Name			Address
1) Change					****	
Add						
Remove						
2) Change						
Add						:
Remove						
3) Change						
Add		_			_	
Remove						
4) Change		<del></del>			<del></del>	
Add						
Remove						
5) Change	-				<del></del>	
Add						
Remove						
6) Change						
Add					<del></del>	
Remove						

	heets, if necessary).	icles, enter cha (Be specific)			
			NA		
_					
·					
	<u>,                                      </u>	, , , , , , , , , , , , , , , , , , , ,			
				····	
**					
	provides for an excl	hange, reclassit	ication, or cancel	lation of issued sh	ares.
f an amendment n		endment if not	contained in the a	mendment itself:	<del>::</del>
<u>provisions for imp</u>	<u>plementing the ame</u>				
<u>provisions for imp</u>	plementing the amenble, indicate N/A)				
<u>provisions for imp</u>	plementing the amenble, indicate N/A)	N/A			
<u>provisions for imp</u>	olementing the amenble, indicate N/A)				
<u>provisions for imp</u>	olementing the ame				
<u>provisions for imp</u>	olementing the ame				
<u>provisions for imp</u>	olementing the ame				
<u>provisions for imp</u>	olementing the ame				
<u>provisions for imp</u>	olementing the ame				
<u>provisions for imp</u>	olementing the ame				
<u>provisions for imp</u>	olementing the ame				
f an amendment p provisions for imp (if not applicat	olementing the ame				
<u>provisions for imp</u>	plementing the ame				

`.`.`.`. The date of each amendment(s) adopti	ion. Alitino
•	10H
Effective date <u>if applicable</u> :	8/1/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
action was not required.	by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder
Dated 8\V	8/12
Signature (Pula direct	or, president or other officer – if directors or officers have not been
selected, by	or, president or other officer – If directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
	(Typed or printed name of person signing)
•	(1) year or printed name or person signing)
	Sec.   Tres.
	(Title of person signing)