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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ISLAND BEACHWEAR INC DOCUMENT NUMBER: P08000108049 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN PASPALAKIS Name of Contact Person ISLAND BEACHWEAR INC Firm/ Company 1500 PINE AVE Address DAYTONA BEACH, FL 32117 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (386) 2907769

Area Code & Daytime Telephone Number JOHN PASPALAKIS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ISLAND BEACHWEAR INC		
	as currently filed with the	Florida Dept. of State)
P08000108049		
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006. Florida Statist Articles of Incorporation:	ntutes, this <i>Florida Profit Co</i>	orporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp." "Inc.," or "chartered," "professional association," or the abbreviat	"Co". A professional co	corporated" or the abbreviation "Corp."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>	
	•	(-)
		e ²² .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		.9
		(A)
	 	
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	office address in Florida, e	nter the name of the
new registered agent and/or the new registered office	ce address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(7.ip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent: a familiar with and accept th	e obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

<u>X</u> Change	P <u>T</u> John	n <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Tit <u>le</u>	<u>Name</u>	Addr <u>es</u> s
1) Change	MGR	KATHERINE PASPALAKIS	133 NEPTUNE AVE
Add			ORMOND BEACH, FL 32176
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
		····
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an umandament provides for an arch	own actual Cartina and all the	e: , , ,
an amendment provides for an exem	ange, reclassification, or cancellation of the amendation of the a	nent itself:
provisions for implementing the amel		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate NA)		
(if not applicable, indicate N/A)		
(if not applicable, indicate NA)		
(if not applicable, indicate N/A)		

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The date of each amendment(s date this document was signed.) adoption:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes o	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
sele	a director, president or other officer if directors or officers have not been cited, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	JOHN PASPALAKIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)