

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	, , , , , ,
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Dusitiess Entity Name)
Certified Copies Certificates of Status	
· · · · · · · · · · · · · · · · · · ·	(Document Number)
· · · · · · · · · · · · · · · · · · ·	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
	,

Office Use Only



700253227217

10/31/13--01020--001 **43.75

NOV 05 2013

R. WHITE

STONETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: SALTY DUCK INC							
DOCUMENT NUMBER:							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
ERIC A BISCHOFF Name of Contact Person							
SALTY DUCK INC Firm/ Company							
31 PARK CTRUE SE #7							
FORT WALTON BCH, FL 32548 City/ State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
EPIC A BISCHOFF at (850) 499 - 1588 Name of Contact Person Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building							

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

FILED

	of	:	上には	
SALTY DUCK I	HC	13 00	31 94 3:1	<u>L</u>
(Name of Corporation as currently filed	with the Florida D	ept. of State)	In on .	4
•		TALLARA	WILDE STATE	
(Document Number of Cor	poration (if known)	177C L.PA 174	Joee, Florid,	4
	-	•		
nursuant to the provisions of section 607.1006, Florida Sta s Articles of Incorporation:	tutes, this <i>Florida I</i>	Profit Corporation a	dopts the followin	g amendment(
. If amending name, enter the new name of the corpo	ration:			
	N/A			Tl
name must be distinguishable and contain the word "c	cornoration " "cor	unany " or "incorn	orated" or the a	_The new hbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," ". vord "chartered," "professional association," or the abb	Inc," or ['Co". A	professional corpor	ation name must	contain the
) - Francisco de la 1880 - 1 decembro de moltonio.		x1 / N		
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE. 	SS)	- N / 13-		=
. ~			4	•
				-
C. Enter new mailing address, if applicable:		. / .		
(Mailing address MAY BE A POST OFFICE BOX)		N/A		-
		1		
	-			-
				_
•				
. If amending the registered agent and/or registered of	office address in F	orida, enter the na	me of the	
new registered agent and/or the new registered offic	re address:			
Name of New Registered Agent	NA-		_	
	['			
	(Florida street addre		_	
	(1 10) tata sir eer tatar e.	,		
New Registered Office Address:		, Florida		-
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe	red Agent:			
hereby accept the appointment as registered agent. I an	n familiar with and	accept the obligation	ns of the position.	
L) /	′ A			
Signature of New R	egistered Agent if	chaneine	_	

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

Example: X Change	<u>PT</u> <u>John</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CFO	JOHN HART	2096 BELLA BREEZE CT
Add			NAVARRE, FL 32566
Remove			
2) Change	<u>C00</u>	AMANDA HART	2096 BELLA BREEZE CT
Add			NAVARRE, FL 32546
Remove 3) Change	TR	ALEX ALMARAS	10 PARK CERCLE SE
Add			Unit B3
Remove	•		Fort Warton Beh FL 32548
4) Change	TR	John FRANZINO	228 Amberjack Dr
X Add			Unit 18
Remove			FORT WALTON BCh FL 32548
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	
	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
CFO JOHN HART	T Exchanged issued Shares OF
	BISCHOFF, John FRANZINO and
ALEX ALMARALES	,
	EXCHANGED ISSUED SHARES OF
	DISCHOFF, John FRANZINO and
LEX ALMARALES.	
	equall ERIC A BISCHOFF WITH
55.4%, John FRANZ	TNO WETH 2%, ALEX ALAMARALES
6%	

The date of each amendment(s) adoption: 7 SEPTEMBER ZOIS	, if other than the
date this document was signed.	
Effective date if applicable: 7 SEPTEMBER 2013	
(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)	
(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 25 October 2013	
Signature US	
(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)	
WILLIAM PARK WILSON IV (Typed or printed name of person signing)	
CEO	
(Title of person signing)	