## 09000044051

(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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Amend Mc Thereis 11-30-11

11/30/11--01013--007 \*\*35.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	<sub>DN:</sub> Eastward F	Fiberglass Ted	chnologies,	Inc.
DOCUMENT NUMBER:	P09000044051			·
The enclosed Articles of Am	endment and fee ar	e submitted for fili	ing.	
Please return all corresponde	ence concerning this	s matter to the follo	owing:	
Scott Meit				
	Name of	f Contact Person		
Eastward I	Fiberglass Tecl	hnologies, Inc		
	Firm	m/ Company		···
3340 N. U	S Hwy 1			
<del></del>		Address		<del></del>
Fort Pierce	e, FL 34946			
101110100		ate and Zip Code		<del> </del>
	_			
	es@comcast.n		ort notification)	
For further information conc	erning this matter, p	olease call:		
Scott Meitner		at (_772	<u>)</u> <u>359-3641</u>	
Name of Contact i	Person	Area Cod	e & Daytime Telep	ohone Number
Enclosed is a check for the fo	ollowing amount ma	ade payable to the	Florida Departn	nent of State:
	75 Filing Fee & ificate of Status	\$43.75 Filing I Certified Copy (Additional co- enclosed)	, <u> </u>	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Address Amendment Son Division of Conclision Buildir 2661 Executive Tallahassee, Florida Parkette Address	ection orporations ng e Center Circle	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2011

SCOTT MEITNER EASTWARD FIBERGLASS TECHNOLOGIES, INC. 3340 N. US HWY 1 FORT PIERCE, FL 34946

SUBJECT: EASTWARD FIBERGLASS TECHNOLOGIES, INC.

Ref. Number: P09000044051

We have received your document for EASTWARD FIBERGLASS TECHNOLOGIES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

In order to process your document you must complete page 4 of 4.

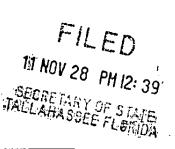
If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 111A00025817



## Articles of Amendment to Articles of Incorporation of



	ogies, Inc.		<u></u>
(Name of Corporation as cur	rently filed with	the Florida Dept, of Sta	ite)
P09000044051			
(Document No	ımber of Corporati	ion (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following amendment(s) to its Articles of Incompared to the provisions of section 607.10 following the provisions of the provision following the provision follow		tes, this <i>Florida Profit</i>	Corporation adopts the
A. If amending name, enter the new name	of the corporation	<u>n:</u>	
Saint Lucie Catamarans, Inc.			
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation nat association," or the abbreviation "P.A."	" "Inc.," or Co.	," or the designation "	Corp," "Inc," or
B. Enter new principal office address, if ap	plicable:	4315 S. Indian F	River Dr.
(Principal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u> )	Fort Pierce, FL	34982
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		4315 S. Indian Ri	ver Dr.
		Fort Pierce, FL 349	982
D. If amending the registered agent and/or new registered agent and/or the new reg			er the name of the
Name of New Registered Agent:	Scott Meitner		<del></del>
	4315 S. Indi	an River Dr.	
New Registered Office Address:	(Flori	da street address)	<del>dis-</del>
	Fort Pierce		_, Florida_34982 (Zip Code)
		(City)	

Page 1 of 4

Signature of New Registered Agent, if changing

position.

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them

on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1)CEO	Stephen Meitner	4315 S.	Indian River Dr.	
-/ <u></u>		Fort Pierce	, FL 34982	
2) COO	Scott Meitner	4315 S.	Indian River Dr.	
/ <del></del>		Fort Pierce	, FL 34982	
3)				
· <del></del>				
4)			·	·····
		<del></del> -		
5)				
			Liverage .	
6)	· · · · · ·	· · · · · · · · · · · · · · · · · · ·		<del></del>
If REMOVING	G an officer and/or director, pleas	se list the title(s) ar	nd name of the officer/	director to be
removed:				
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1) <u>VP</u>	David S. East	4)		······
2)		5)		
3)		6)		

E. If amending or adding additional Articles, enter change(s) here		
(aı	tach additional sheets, if necessary).	(Be specific)
		,
F I		
r. <u>1</u> 1	an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares,
<u>p</u>	rovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
p	rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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p	rovisions for implementing the ame	ndment if not contained in the amendment itself:
p	rovisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s)	adoption: \ullet\(\lambda\ell2/\ell\)
Effective data if applicables	(date of adoption - required)
Effective date if applicable: (no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement 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	
(vo.	ting group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	11/8/11 A the Market
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
_	Scott Meitner (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	C00
	(Title of person signing)