## P0900057058

(Requestor's Name)	_
(Address)	-
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Entry Hame)	
	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	ł
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Jach Jack

## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Boy N 1	on Beach Dive	Center
DOCUMENT NUMBER: Po 900	0057058	<u>.                                      </u>
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Thomas	Musicatello CE	<u> </u>
Boyuton	Beach Dire	Center
1550 N.	Federal Hwy S	Suite 17
	Beach F/. 3	
E-mail address: (to be use	for Beach Dive d for future annual report notification)	Center, Com
For further information concerning this matter,	please call:	
Thomas Musica Yello Name of Contact Person	at (57) 732- Area Code & Daytime Tele	S590 phone Number
Enclosed is a check for the following amount m	nade payable to the Florida Departr	ment of State:
□ \$35 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)
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	<b>,</b>

Tallahassee, FL 32301



January 5, 2010

THOMAS MUSCATELLO 1550 N. FEDERAL HWY., SUITE 17 BOYNTON BEACH, FL 33435

SUBJECT: BOYNTON BEACH DIVE CENTER, INC.

Ref. Number: P09000057058

We have received your document for BOYNTON BEACH DIVE CENTER, 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 document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 610A00000141

## Articles of Amendment

Articles of Incorporation

				of			
G	Oynton Name of Corpora	Berch	Dive	نقت .	nter.	Inc.	
(1	Name of Corpora	tion as curre	ntly filed v	vith the l	Florida D	ept. of State)	
_	·		QX				) 
	(D	ocument Num	ber of Corp	oration (	if known)		

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name					ie ne	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p.	he designation "C	Corp," "Inc," or "C	o". A professi	porated" onal corp	or th oratio	e n
B. Enter new principal office address, if an (Principal office address MUST BE A STRE						
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF)	FICE BOX)	W/D	enter the nan	SECRETARY OF STATE A	10 JAN 15 AH 10: 46	
D. If amending the registered agent and/or new registered agent and/or the new re			<u>, enter the nan</u>	ne of the		
Name of New Registered Agent:	N/	N .				
New Registered Office Address:	——————————————————————————————————————	ida street address)	 , Florida_	$\alpha$ $ U$		
	(City)	)	(Zip Code)			
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ging Registered A	Agent: iliar with and accep	t the obligation.	s of the po	sition	
	N	<u>A</u>				
	Signature of New	Registered Agent, i	f changing			

(Attach additional sheets, if necessary) Title <u>Name</u> <u>Address</u> Type of Action Muscrtello E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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:

The date of each amendment(s)	adoption: (2) 23 09
Effective date <u>if applicable</u> :	(data of adoption is required)  10 (data of adoption is required)  10 more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	et for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	23/09
selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRES, DENT
	(Title of person signing)