# P09000064659

	(Requestor's Name)	-
	(Address)	-
5.	(Address)	-
	(City/State/Zip/Phone #)	
РІСК-И	>	
	(Business Entity Name)	-
	(Document Number)	-
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SECRETARY OF STATE

Amend

TP

JUL 1 3 2010

### COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	KERRMARITIME INC	<b>-</b> .
DOCUMENT NUMBER:	P0900064659	•
The enclosed Articles of Amendment as	nd fee are submitted for filing.	
Please return all correspondence concer	IAN KERR	
	Name of Contact Person	
	KERRMARITIME INC	
	Firm/ Company	
	608 SW 14 ST	
-	Address	,
	FT LAUDERDALE, FL 33315	
	City/ State and Zip Code	•
i i e e e e e e e e e e e e e e e e e e		
	RRMARITIME@AOL.COM  to be used for future annual report notification)	
		,
For further information concerning this	matter, please call:	
IAN KERR	at ( 305 ) 310-5911	
Name of Contact Person	Area Code & Daytime Telephone Number	-
Enclosed is a check for the following ar	mount made payable to the Florida Department of State:	· , ;
	tus Certified Copy Certificate of (Additional copy is enclosed) Certified Copy	Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	

## **Articles of Amendment Articles of Incorporation** of

#### KERRMARITIME, INC.

(Name of Corporation as currently filed with the Florida Dept

#### P09000064659

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following

The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or abbreviation "Corp.," "Inc.," or Co., "or the designation "Corp," "Inc," or "Co". A professional corpora name must contain the word "chartered;" "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida  (City)  New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positi	. If amending name, enter th	e new ñame of	the corporation	<u>n:</u>	÷.	:	EFFEC 7-1	15.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or abbreviation "Corp.," "Inc.," or Co., "for the designation "Corp.," "Inc.," or "Co". A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida (City)  New Registered Agent's Signature, if changing Registered Agent:				·.		} i		e ner
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida (City)  New Registered Agent's Signature, if changing Registered Agent:	bbreviation "Corp.," "Inc.," o	r Co., "for the	designation "Co	orp," "In	c, " or "C	o". A profes.	orporated" sional_corpo	or th
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida (City)  New Registered Agent's Signature, if changing Registered Agent:	. Enter new principal office a	ddress, if app	licable:			·		.•
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida  (City)  New Registered Agent's Signature, if changing Registered Agent:								
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida  (City)  New Registered Agent's Signature, if changing Registered Agent:					* ;	1	<b>-</b> ,	٠
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  Florida  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:				· .				
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, Florida, Florida		,			. •	i	•	
(City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Ac	ddress:	. (Flori	ida street	address)	·		
(City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:						Florid	la	
New Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positions.		, F. Fr	(City)	• • • •		, ,	•	•
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the posit	lew Registered Agent's Signat	ure, if changi	ng Registered A	gent:			. •	
	hereby accept the appointment	as registered a	gent. I am fami	liar with	and accep	ot the obligation	ons of the po	sition
		**	•		r 3	1. 1. 5. f		

# 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)

**Title** Name . Address **Type of Action** SUZANNE G KERR 612 SW 14 ST ☐ Add ☑ Remove FT LAUDERDALE FLORIDA 33315 ☐ Add ☐ Remove ☐ Add ☐ Remove 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)

The date of each amendmen	t(s) adoption: 07-06-2010		<u> </u>	<u>.</u>	
Effective date if applicable:	07-15-2010	doption is requ			
	(no more than 90 days after	amendment file	e date)		
•	•			,	
Adoption of Amendment(s)	(CHECK ONE)	)			
	ere adopted by the shareholder were sufficient for approval.	s. The number	of votes ca	st for the ame	endment(s)
	ere approved by the shareholdered for each voting group entiti				
"The number of votes	cast for the amendment(s) wa	s/were sufficier	nt for appro	val	
- by					-
	(voting group)			1-7.	
The second secon					
	ere adopted by the board of dir	ectors without	shareholder	action and s	hareholder
action was not required.				,	
The amendment(s) was/we	ere adopted by the incorporato	rs without share	eholder acti	on and share!	holder
action was not required.				.,	, ioidei
Dated JUL	V 6 2010			•	
Dated GOE	1 0 2010			<b>+</b>	
-,			٠٠ مـــــ	•	
Signature			•		
(By	a director, president or other	officer - if dire	ctors or off	icers have no	t been
	ected, by an incorporator - if i		a receiver, t	rustee, or oth	er court
app	pointed fiduciary by that fiduc	iary)	٠.	1	
		•			• •
	1/	AN KERR	•		
•	(Typed or printe	ed name of pers	on signing)	*	•
•	<b>D</b> I	RESIDENT			
	(Title of person sign				
	(Time of beigon sign	···· <i>5)</i>			