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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UP OF EMERALI	D COAST INC	
DOCUMENT NUMB	P09000088463		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	NAMPUNG KAEWRASAM	1EE	
_		Name of Contact Person	1
ţ	JP OF EMERALD COAST	INC	
<u>-</u> .		Firm/ Company	
5	50 MARY ESTHER BLVD	NW STE 11	
		Address	<del></del>
ŀ	FORT WALTON BEACH, I	FL 32548	
_		City/ State and Zip Code	3
BUSIN	JESSACTS@YAHOO.COM	1	
<del></del>	·	sed for future annual report	notification)
For further information	concerning this matter, pleas	850	243-3744
Name of	Contact Person	at (	de & Daytime Telephone Number
	the following amount made p		•
■ \$35 Filing Fee	□\$43.75 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)
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## UP OF EMERALD COAST INC

(Name of Corporation as cur				
	rently filed with the Florida Dept. of Sta	<u>te</u> )		
P09000088463				
(Document Num	ber of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes.	, this Florida Profit Corporation adopts th	e following	amendn	ient(s)
ts Articles of Incorporation:				
A. If amending name, enter the new name of the corporation	<del>on:</del>			
		7	The ne	11.
name must be distinguishable and contain the word "corpo". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." vord "chartered," "professional association," or the abbrevia	or "Co". A professional corporation no			
3. Enter new principal office address, if applicable:				
Principal office address MUST BE A STREET ADDRESS )			**	
		<del></del>		
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<del></del>		
		<u>.</u>	<u> </u>	
	<del></del>			
	<del></del>	<u> </u>	<u> </u>	
). If amending the registered agent and/or registered office	and deposit a Clarida, and a sharp and a state	2	82	,
new registered agent and/or the new registered office ad		2 (**)	الانت	$\mathbb{Z}^n$
	···		 	3
Name of New Registered Agent			?	
		A C	52	
(Flori	ida street address)			
New Registered Office Address:	, Florid	a(Zip Co	<del></del>	

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JAMPAR KHUNTONTHONG	550 MARY ESTHER BLVD NW
Add			FORT WALTON BEACH FL 325
X Remove			
2) Change			
Add			
Remove			
) Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			_
Add			
Remove			

ach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
- ·· · · · · · · · · · · · · · · · · ·	
·	· · · · · · · · · · · · · · · · · · ·
	<del></del>
visions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment is not contained in the amendment itself:
(y upprenint, minetic)	
_	

The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this nent of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment for approval.	ent(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following state is voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	r
Dated2-	13-14	
Signature	13-14 ur frac	
(By a director selected, by	or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other of duciary by that fiduciary)	eourt
<del></del>	(Typed or printed name of person signing)	
AMI	BR JACES	
	(Title of person signing)	