P09000040620

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(Cit	y/State/Zip/Phone	#)
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2015 OCT 29 PN 4: 54

NOV 02 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AL	L SEAS AQUARIUMS CORP
DOCUMENT NUMBER: P090000	
The enclosed Articles of Amendmen	at and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
VASQUEZ F	RANK
,	Name of Contact Person
P	
	Firm/ Company
630 EAST 35	TH STREET
	Address
HIALEAH, F	°L 33013
	City/ State and Zip Code
E mail a	ddress: (to be used for future annual report notification)
E-man ac	duress: (to be used for future annual report notification)
For further information concerning the	nis matter, please call:
FRANK VASQUEZ	at (786) 4434203
Name of Contact Pers	on Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
	Filing Fee & Substitute Status
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

ALL SEAS AQUARIUMS CORI	ALL SEAS	SAOUA	RIUMS	CORP
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(<u>Name</u>	of Corporation as curren	<u>tly filed with the Florida D</u>	ept. of State)		
P09000090620		- .	- 		
	(Document Number	of Corporation (if known)	~ 		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following	ng amendmen	t(s) to
A. If amending name, enter the new n	ame of the corporation:				
FV INTERNATIONAL SERVICES CO	PRP			The way	
"Corp.," "Inc.," or Co" or the design	The new name of the corporation: RVICES CORP The new ble and contain the word "corporation," "company," or "incorporated" or the abbreviation for the designation "Corp," "Inc," or "Co". A professional corporation name must contain the ional association," or the abbreviation "P.A." Gree address, if applicable: UST BE A STREET ADDRESS) HIALEAH FL 33013 Treess, if applicable: BE A POST OFFICE BOX) 630 EAST 35 TH STREET HIALEAH FL 33013 Treed agent and/or registered office address in Florida, enter the name of the ind/or the new registered office address: VASQUEZ FRANK 630 EAST 35 TH STREET, HIALEAH 33013 (Florida street address) 630 FAST 35 TH STREET HIALEAH 33013				
B. Enter new principal office address, if applicable:		630 EAST 35 TH STRE	eet ?		7
Principal office address <u>MUST BE A S</u>		HIALEAH FL 33013	,	*1 5	-
					34.44.47
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		630 EAST 35 TH STRE	EET		
		HIALEAH FL 33013			
			tame of the		
Name of New Registered Agent		<u></u>			
	630 EAST 35 TH STREE	ET, HIALEAH 33013			
	(Florida si	reet address)		-	
New Registered Office Address:	630 EAST 35 TH STREE	T, HIALEAH	Florida 33013		
——————————————————————————————————————		(City)		Code)	
		(6.9)	(29)	Coucy	
hereby accept the appointment as regis	tered agent, I am familiar	with and accept the obligati	ons of the position.		
	The	Booleans de la constitución de l		_	
	signature of New .	Registered Agent, if changin	g		

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			
Add		· ·	
Remove			
2) Change		/	
Add			
Remove			
3) Change			
Add		X	
Remove			
4) Change			
Add			
Remove			
5) Change		_/	
Add			
Remove			
6) Change	<u></u>		
Add			
Remove	•		

ttach additional sheets	additional Articles, enter change(s) here: (if necessary). (Be specific)	
-		
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- -		
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	des for an exchange, reclassification, or cance enting the amendment if not contained in the	ellation of issued shares,
an amendment provice	ining the amenument if not contained in the	amenument usen.
rovisions for impleme	ndicate N/A)	
an amendment provice provisions for implementation (if not applicable, in	ndicate N/A)	
rovisions for impleme	ndicate N/A)	
rovisions for impleme	ndicate N/A)	
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rovisions for impleme	ndicate N/A)	

ent a second	10/16/2015	
The date of each amendment(s) adop	tion:	, if other than th
date this document was signed.	016	
10/16/2 Effective date <u>if applicable:</u>	015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this tment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for the amendment ient for approval.	nt(s)
	red by the shareholders through voting groups. The following states the voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	31	
<u> </u>	(voting group)	
action was not required.	d by the board of directors without shareholder action and shareholder d by the incorporators without shareholder action and shareholder	der
DatedSignature		,
(By a direct	tor, president or other officer – if directors or officers have not been	n
	y an incorporator – if in the hands of a receiver, trustee, or other co fiduciary by that fiduciary)	urt
	D (Vant V Many	
	(Typed or printed name of person signing)	
	Dremel to	
	(Title of person signing)	