P09000103330

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECHUTARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis 14

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: OCEAN TRADE LINES, INC. DOCUMENT NUMBER: P09000103330				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Konstantinos Constant Name of Contact Person OCEAN TRANES LINES, INC. Firm/Company 101 NE THIRD AVENUE, Suffer 1500 Address Tt. LAUDERDALE Fl 33301 City/State and Zip Code accounting @ oceantradelines. con E-mail address: (to boused for future annual report notification)				
For further information concerning this matter, please call:				
Konstantinos Constant at (954) 3327850 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee Certificate of Status				
Mailing Address Street Address				

TO: Amendment Section

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 to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

14 NOV 17 PH 3: 19

OCE AN INADE LINE	S, INC.
(Name of Corporation as currently filed with the	Florida Dept. of State)
P09000103330	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
BOAT SHIPPING NET	work Inc. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co": A professional corporation name must contain the
B. Enter new principal office address, if applicable:	101 NE THIRD AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 1500
	H. LAUDERDALE, F/ 33301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	101 NE THRED AVE
	Suite 1500
	Ft, LAUDERDALE FI 33301
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent (Florida s.	treet address)
New Registered Office Address:	, Florida
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: r with and accept the obligations of the position.
Signature of New Registered	l Agent, if changing

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> /	Address
1) Change		N/A	
Add			
2) Change			
Add			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

. If amendin (Attach add	ng or adding additions itional sheets, if necess	l Articles, enter ch ary). (Be specific	nange(s) here: :)		
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If an amen	dment provides for a s for implementing th	exchange, reclass	ification, or ca	ncellation of issu	<u>ied shares.</u> tself:
(if no	t applicable, indicate N	/A)	V 0011111111111111111111111111111111111		
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			-/-		
		$\overline{\mathcal{N}}$	/		
		/	17		

The date of each amendment(s) adoption date this document was signed. Effective date if applicable:	11/15/2014 (no more than 90 days after amendment)	FILL OF STATE SECRETARY OF STATE SECRETARY OF CORPORATIONS if other than the 14 NOV 17 PM 3: 19 If file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast f t for approval.	or the amendment(s)
	by the shareholders through voting groups. The coting group entitled to vote separately on the	
"The number of votes cast for the	amendment(s) was/were sufficient for approve	1
by		.,,
	(voting group)	
action was not required.	y the board of directors without shareholder ac	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action	and shareholder
Dated	10/2014	
Signature	Kill	
(By a director,	, president or other officer - if directors or offi	
	n incorporator – if in the hands of a receiver, to	rustee, or other court
appointed fide	uciary by that fiduciary)	
K	(Typed or printed name of person	onstant
4	RESIDENT	
	(Title of person signing)	