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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SBR DI	UE INC				
DOCUMENT NUMB	er: <u> </u>	2238				
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.				
Please return all corres	pondence concerning this mat	ter to the following:				
-	Sophia	Roth Name of Contact Person	<u> </u>			
-	Firm/ Company					
•	1107 Key	Plaza # 170 Address				
-	Key West	FL 33040 City/ State and Zip Code	e			
	Koth Sophia @ 4 E-mail address: (to be us					
For further information	concerning this matter, pleas	se call:				
Sophia	Ron	at (484) 344-3232 de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
\$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)			
Mailing Address Amendment Section		Street Address Amendment Section				

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SBR DIVE INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1 0000012238	
(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
DIVE FREE INC	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent NA	
(Florida stree	et address)
New Registered Office Address:	Florida Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
N [] Signature of New Re	gistered Agent, if changing
	υ · · · · · · · · · · · · · · · · · · ·

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 Do	<u>>e</u>	
X Remove	Y	Mike Jo	ones	
_X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
Remove				
4) Change				
Add				
Remove				
5) Change		<u></u>		
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

f amending or add Attach additional sl	ing additional Ar neets, if necessary)	rticles, enter chan . (Be specific)	ge(s) here:			
		110				
		/V/7				
						
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provisions for imp	provides for an ex elementing the an ble, indicate N/A)	change, reclassific nendment if not co	cation, or cancel ontained in the a	lation of issued s mendment itself	shares.	
		NA				
						
		·				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/110/15	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
SODUTA A DOTA	
SOPHIA B. ROTH (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	