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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PARTY TIME CHARTER SERVICES, I	WC
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	حہ
Firm/ Company 6771 HUNTELS Rd. Address Naples, FL 34109 City/ State and Zip Code 5MZATNO @ GMATL COM E-mail address: (to be used for future annual report notification)	2018 JAN 10 AHES BY
For further information concerning this matter, please call: Susanne Zaine at (239) 272-3:580 Name of Contact Person Area Code & Daytime Telephone Number	
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 \$\Bigcup \\$43.75 Filing Fee \& Certificate of 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

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Articles of In	-	
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PARTY TIME	Charten Sév	evices, Inc 3
(Name of Corporation as current	tly filed with the Florida De	ept. of State)
P100000 40	304	•
——————————————————————————————————————	of Corporation (if known)	
(, , , , , , , , , , , , , , , , , , , ,	
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation	adopts the following amendment
. If amending name, enter the new name of the corporation:		
N/A		The new
ame must be distinguishable and contain the word "corporation	on." "company." or "incor	
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or or or "chartered," "professional association," or the abbreviation	"Co". A professional corpe	oration name must contain the
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		j
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
		1
 If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses 		ame of the
Name of New Registered Agent JUSANNE	<u>LAINO</u>	
(22)	ZAINO HUNTERS	0.40
(Florida e	<u> </u>	_K_U·
1 10	-	
New Registered Office Address: ///4/	LES	, Florida_ <u>34109</u>
	(City)	(Zip Code)
New Registered Office Address: ///+ /	(City)	, Florida_ 3 4 0 7 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen		
hereby accept the appointment as registered agent. I am familiar		ons of the position
	- Conguin	
$ \mathcal{U}_{\mathcal{D}} $		
	Position ()	
Signature of New	Registered Agent, if changing	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 Y 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 $\underline{\mathbf{V}}$ \underline{X} Remove Mike Jones <u>X</u> Add \underline{SV} Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ___ Add

__ Remove

Attach additional sheets, if necessary). (Be specific)	
N/A	
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an amendment provides for an exchange, reclassification, or cancellation	of issued shares,
provisions for implementing the amendment if not contained in the amend	ment itself:
(if not applicable, indicate N/A)	
N/A	
	l l
	<u> </u>

The date of each amendment(s) adoption:, if oil	her than the
late this document was signed.	
Effective date if applicable: 1/4//8	
Effective date if applicable: 1/4//8 (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 will not be I document's effective date on the Department of State's records.	isted 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	
Signature // D	
(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)	
Dusanne M. ZATNO!	
(Typed or printed name of person signing)	
Prosident / Director	
(Title of person signing)	-