P1000067920

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PINEAPPLE FLO	OAT EXPRESS, INC.	
DOCUMENT NUMBER: P10000067920		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
CHRISTOPHER SCOTT JE	ENKINS	
	Name of Contact Person	1
PINEAPPLE FLOAT EXPR	RESS, INC.	
	Firm/ Company	
7211 COTTONWOOD CT.	• •	
	Address	
MIDDLEBURG, FLORIDA	32068	
-	City/ State and Zip Cod	e
MAGICALILŁUMINATIONS@\	YAHOO.COM	• •
	used for future annual report	notification)
(**		•
For further information concerning this matter, plea	ase call:	•
CHRISTOPHER SCOTT JENKINS	904 at (210-9239
Name of Contact Person		de & Daytime Telephone Number
Produced in a short for the faller in a consequence of		
Enclosed is a check for the following amount made	payable to the Florida Depa	arunent of State:
\$35 Filing Fee \$\text{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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

PINEAPPLE FLOAT EXPRESS, INC.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P10000067920	,
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corp ration adopts the following ameliament(s) t
A. If amending name, enter the new name of the corporation:	
HAWAIIAN FLOATS, INC.	ST. IV
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: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent N/A	
(Florida si	treet address)
New Registered Office Address: N/A	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar MA	ut:

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.

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		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove		NV.	
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Domovio			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
- ₁₀	
•	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

TOTAL CALLARY TO THE TAX OF THE T	N/A	: c a a a
The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
N/A Effective date <u>if applicable</u> :		
silective date in applicable.	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amendate	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and oted by the incorporators without shareholder action and shareholder action a	
SEPTEMBI Dated	ER 22, 2015	
Signature Chi	istopher futs ferhan	
selected	rector, president or other officer – if directors or officers ha , by an incorporator – if in the hands of a receiver, trustee, and fiduciary by that fiduciary)	
	CHRISTOPHER SCOTT JENKINS	
	(Typed or printed name of person signing)	
	PRESIDENT / INCORPORATOR	
	(Title of person signing)	