P10000090621

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	•
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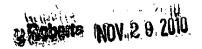


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Amers





November 15/2010

Seaquel.Net, Inc. 350 Blue Mountain Rd Santa Rosa Beach, FL.32459

EIN: 27-3905632

Florida Department of State Division of Incorporations Corporate Filing PO Box 6327 Tallahassee, FL. 32314

RE: Amendment of Articles of Incorporation

Dear Division of Incorporations,

Enclosed please find an Amended Articles of Incorporation for Seaquel.Net, Inc. a Florida corporation, EIN: 27-3905632. Please file said amended articles to update your records and reflect the changes. The check for \$43.75 is included and reflects \$35 filing fee and \$8.75 for a Certified Copy which should be send to the above address of record for Seaquel.Net, Inc. in a attached self stamped envelope.

If the Division has any questions, please call (877) 866-9266

Sincerely,

Val Aldrete, VP

Incorporator of Record for Seaquel.net, Inc.



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2010

VAL ALDRETE SEAQUEL.NET, INC. 350 BLUE MOUNTAIN RD SANTA ROSA BEACH, FL 32459

SUBJECT: SEAQUEL.NET, INC. Ref. Number: P10000090621

We have received your document for SEAQUEL.NET, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 010A00027440



COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: SEAQUEL. NET, INC
DOCUMENT NUMBER: P10000090621
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VAL ALDRETE
Name of Contact Person
SEAQUEL. NET, INC
Firm/ Company
350 BLUE MOUNTAIN Rol
Address
SANTA ROSA BEACH, FL. 32459
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAI ALDRETE 950, 267-6033
Name of Contact Person at (OSO) ZOO (OSO) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy}\$\$ Certified Copy \$\ \text{Certified Copy}\$\$ Certified Copy \$\ \text{Certified Copy}\$\$ (Additional copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation Of SEA QUEL, NET, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P10000090621 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," '	Inc," or "Co	". A professional corporal
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
		•	
9. If amending the registered agent and/or new registered agent and/or the new regi		ss in Florida,	enter the name of the
		ss in Florida,	enter the name of the
new registered agent and/or the new regi		et address)	
new registered agent and/or the new regi . Name of New Registered Agent:	stered office address:	et address)	enter the name of the , Florida

removed a	ng the Officers and/or Directors, enter and title, name, and address of each Off ditional sheets, if necessary)			
Title	<u>Name</u>	Address	Type of Action	
		3	Remove	
				
		· ·		
AM	ENDING ALTICLE PURPOSE FOR WILLIAM PROMOTE ABST	E III that this corre		
provis	mendment provides for an exchange, reions for implementing the amendment in applicable, indicate N/A)			
	·			

The date of each amendment(s) ac	option: 1162010°
Effective date <u>if applicable</u> :	(ddie of adoption is required)
· (no	nore than 90 days after amendment file date)
	•
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	ng group)
(votil	ng group) -
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	0105 8
Signature	Inlun/
selected,	ector, president or other officer – if officers or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if induciary by that fiduciary)
_\	JAL ALDRETE (VICE PLESIDENT)
	(Typed or printed name of person signing)
	VICE PLESIDENT
	(Title of person signing)