## P100000 99303

(Reque	stor's Name)	
(Addres	is)	
(Addres	s)	
(City/St	ate/Zip/Phone #)	
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(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	





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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CENTERBOARD HOLDINGS INC.
DOCUMENT NUMBER: <u>P100000 99303</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John CROCKER  Name of Contact Person  CWISS PAIR WAYS (AC.
SWISS PAIR WAYS INC. Firm Company
13 149 SKING PARADISE BLUD.
CLERMONT, FL 34711  City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at 1 386 561 1602  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  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to Articles of Incorporation

C EXITERRADO	N HOLNIGS MC.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
	0/199303
	of Corporation (if known)
· ·	·
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	027
	S
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)	
(Matting duties) MATTINE ATSAST VITTE BASA	
	2
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.	dress in Florida, enter the name of the
Name of New Registered Agent	
Mante of their Medicine of City	
(Florida	street address)
	Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio	nt: ar with and accept the obligations of the position.
Thereby weech me approximate as regime, as agon.	•
Sianata - A Va	v Registered Agent, if changing
Signature of Nev	v Registered Agent, 9 changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

(Assoch 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		JOHN CROCKER	1480 HAMMOCK RISCO R 100 12-103 Clornon 99.34711
_X Add			No. 12-123 Clas = 92 34711
Remove			UCRNON 191. 0
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)
_	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, it other than the
date this document was signed.	
Effective date if applicable:	
(ne	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not m document's effective date on the Department of Stat	neet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHEC)	K ONE)
The amendment(s) was/were adopted by the inco action was not required.	rporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	cholders. The number of votes east for the amendment(s) eval.
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gra	archolders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval
by	• 9
(voting )	group)
Dated 66-24-8	4670
Signature (By adirector, presiden	t or other officer - if directors or officers have not been
selected, by an incorpo	rator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by	that fiduciary)
KATHAA	DINA SCHIND LETE  med or printed name of person signing)
(Тур	ed or printed name of person signing)
PIR	FC TO R
(Titl	e of person signing)