Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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the email address for this business entity to be used for future Jannual report mailings. Enter only one email address please.**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SURVIVAL CRAFT INSPECTORATE (MARINE) INC.

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

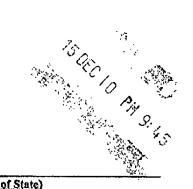
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O: Amendment Se				
Division of Co	porations			N.
	Survival Craft In	spectorate (Marine) Inc.		
NAME OF CORPO	JRATION:	by booton (morning) man		
OCUMENT NUN	/BER: P12000014420			
The enclosed Article	es of Amendment and fee are su	omitted for filing.		
lease return all con	respondence concerning this ma	itter to the following:		
	Adam Nussbaum			· <u>÷</u>
•		Name of Contact Person	l	
	CT Corporation System			
	·	Firm/ Company		
	1015 15TH ST NW	-		
		Address		area de la compansa d
	Washington, DC 20005			
		City/ State and Zip Cod		
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	E-mail address: (to be u	sed for future annual report	notification)	
or further informat	ion concerning this matter, plea	se call:		
Adam Nussbaum		at ()572-3162	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Num	nbor
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
				
3 \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filling Fee &	\$52.50 Filing Fee	
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy	
		enclosed)	(Additional Copy	
			is enclosed)	
**	fulling Address	E+4	Address	
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	ivision of Corporations		on of Corporations	
P.	O. Box 6327	Clifton	Building	
T.	illehassee Fl. 32314	ኃ ፈና፣	Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Survival Craft Inspectorate (Marine) Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (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: A. If amending name, enter the new name of the corporation; Survitec Survival Craft (Marine) Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, If changing

6) ____ Change

Add

_ Remove

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 PT John Doc Mike Jones X Remove Y X Add SV Sally Smith Address Title Type of Action Name (Check One) 1) ____Change ___ Add Remove 2) ____ Change ____ Add ___ Remove 3) ____ Change Add ____ Remove 4) ____ Change __ Add ___ Remove 5) ____ Change ___ Add Remove

	(Be specific)
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Inn amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) adopt	lon:	if other than th
date this document was signed.	. .	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this ment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	t by the shareholders. The number of votes cast for the amendme ent for approval.	nt(s)
	ed by the shareholders through voting groups. The following statch voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
ъу	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated December 1	0, 2015	
Signature		
	tor, president or other officer - if directors or officers have not be	en
	y an incorporator — if in the hands of a receiver, trustee, or other of fiduciary by that fiduciary)	ourt
<u> </u>	Angus complein-	
	(Typed or printed name of person signing)	
	MANAGING ALLESTAR	
	(Title of nerson signing)	