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| PICK-UP                                 | ☐ WAIT             | MAIL            |  |  |  |  |
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| Special Instructions to Filing Officer: |                    |                 |  |  |  |  |
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R. Wollie

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION           | Ocean Mist Handyma                          | an Services, Corp.  |                     |  |             |
|-------------------------------|---|---|---------------------|--|-------------|
|                               | P12000018542                                |   |                     |  |             |
| DOCUMENT NUMBER:              |   | <u> </u>  | ·                   | · · · · · · · · · · · · · · · · · · ·                      |             |
| The enclosed Articles of An   | nendment and fee are subm                   | nitted for filing.  |                     |  |             |
| Please return all corresponde | ence concerning this matter                 | r to the following:   |                     |  |             |
| Jennie Pleasant               |   |   |                     |  |             |
|                               | 1   | (Name of Contact P  | erson)              |  |             |
| Ortega & Figueroa Tax Ser     | vice, Inc                                   |   |                     |  |             |
|                               |   | (Firm/ Compan   | y)                  |  | <del></del> |
| 101 N State Road 7, Ste 11    | I   |   |                     |  |             |
|                               |   | (Address)   |                     |  |             |
| Margate, FL 33063             |   |   |                     |  |             |
|                               | (   | City/ State and Zip   | Code)               |  |             |
| OFTaxService@gmail.com        |   |   |                     |  |             |
| }                             | -mail address: (to be used                  | for future annual rep   | port notification   | 1)   |             |
| For further information conc  | erning this matter, please of               | all:  |                     |  |             |
| Jennie Pleasant               |   | at  | 954                 | 974-3338   |             |
|                               | (Name of Contact Person)                    |   | <del></del>         | (Daytime Telephone   | Number)     |
| Enclosed is a check for the f | ollowing amount made pay                    | able to the Florida   | Department of       | State:   |             |
| □ \$35 Filing Fee             | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy in<br>enclosed) | Certif<br>is Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |             |
| Mailing A                     | ddress                                      | St  | reet Address        |  |             |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

16 APR 22 PH 2:53

Ocean Mist Handyman Services, Corp. (Name of Corporation as currently filed with the Florida Dept. of State CHE TARY OF STATE ARASSET FLORIDA P12000018542 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Ocean Mist Transportation, Corp. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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

## 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 X Remove X Add | PT John Do<br>V Mike Jo<br>SV Sally Si | ones |         |
|----------------------------------|--|------|---------|
| Type of Action<br>(Check One)    | <u>Title</u>                           | Name | Address |
| 1) Change                        |  |      |         |
| Add                              |  |      |         |
| Remove                           |  |      |         |
| 2) Change                        |  |      |         |
| Add                              |  |      |         |
| Remove                           |  |      |         |
| 3) Change                        |  |      | ·       |
| Add                              |  |      |         |
| Remove                           |  |      |         |
| 4) Change                        |  |      |         |
| Add                              |  |      |         |
| Remove                           |  |      |         |
| 5) Change                        |  |      |         |
| Add                              |  |      |         |
| Remove                           |  |      |         |
|                                  |  |      |         |
| 6) Change                        |  |      |         |
| Add                              |  |      |         |
| Remove                           |  |      |         |

| <u>If amending or adding ad</u><br>attach additional sheets, if | necessary). (E | Be specific) | <u> </u> |              |                                       |  |
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|     | e date of each amendment(s) ado ethis document was signed.                 | ption:   | _, if other than the |
|-----|--|--|----------------------|
| cee | ective date <u>if applicable</u> :   |  |                      |
|     | ettive date <u>iii applicabit</u> .  | (no more than 90 days after amendment file date)   |                      |
| loc | te: If the date inserted in this block tument's effective date on the Depa | does not meet the applicable statutory filing requirements, this date will not be the true of State's records.   | e listed as the      |
| ١d٠ | option of Amendment(s)   | (CHECK ONE)  |                      |
|     | The amendment(s) was/were ado was/were sufficient for approval.            | oted by the members and the number of votes cast for the amendment(s)  |                      |
|     | There are no members or member adopted by the board of directors           | rs entitled to vote on the amendment(s). The amendment(s) was/were   |                      |
|     | Dated 04/20/2016   |  |                      |
|     | have not been  | an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) |                      |
|     | Marcos Di  | as   |                      |
|     |  | (Typed or printed name of person signing)  |                      |
|     | President  |  |                      |
|     |  | (Title of person signing)  |                      |