P1200020625

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SECRETARY OF STATE

MAY 1.3 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Island Living Clothing, Inc DOCUMENT NUMBER: P12000020625 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joe Martins Name of Contact Person Island Living Clothing, Inc. Firm/ Company 922 SE 13th Place Address Cape Coral, Florida 33990 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) Area Code & Daytime Telephone Number Joe Martins Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing 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

Island Living Clothing, Inc		_
(Name of Corporation as currently filed with the F	lorida Dept, of State)	-
P12000020625		_
(Document Number of Corporation (i	if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must	bbreviation contain the
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)	922 SE 13th Place	
	Cape Coral, FL 33990	-
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the se	-
Name of New Registered Agent	s: LCC MAY	77
	AR)	i in mandrin a daganyin
(Florida str	reet address)	
New Registered Office Address:(City)	, Florida	_ O
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 2	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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P, VP	Joe Martains	922 SE 13th Place
Add			Cape Coral, FL 33990
Remove			
2) Change	VP	Anne Tardif	13212 Tall Pine Circle
Add			Fort Myers, FL 33907
Remove			
3) Change			
Add			W-100-1
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	<u></u>

The date of each amendment(s) adoption: April 18, 2014	, if other than the
date this document was signed.	
Effective date if applicable: April 18, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_4/18/14	
Signature full	_
By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Joe Martains	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_

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