P12000074881

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	TION: OCEAN (Coast saltw	ater distribution	inc.
DOCUMENT NUMBE	R: <u>P120000748</u>	81		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
-	Fran	CISCO A raica Name of Contact Person	n	
2	icean Coast	saltwater dis	tribution inc.	
	4720 sw	143 AVC Address		
_	miami	City/ State and Zip Cod		
	E-mail address: (to be us	an coast a yan sed for future annual report	notification)	
For further information c	oncerning this matter, please	se call:		
Francisc Name of	Contact Person	at (½65 Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	he following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ocean coast saltwater distribu	ition inc.
(Name of Corporation as currently filed with the Flor	ida Dept, of State)
P1200074881	
(Document Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fluits</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4720 SW 143 AVE 37
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4720 Sm 143 Ave 20
	miami, FL, 33175
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent N/A	
4720 SW 14 (Florida street	3 AVC address)
New Registered Office Address: (City)	, Florida 33\75 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit Signature of New Registered Agent	

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 Joh	n Doe		
X Remove	<u>V</u> <u>Mi</u> j	te Jones		
_X Add	SV Sal	y Smith		
Type of Action (Check One)	Title	Name		Address
1) Change	*	N/A		
Add			_	
Remove			_	
2) Change		N/A		
Add			_	· · · · · · · · · · · · · · · · · · ·
Remove			-	
3) Change		WA		**************************************
Add			_	
Remove			_	
4) Change		N/A		
Add			_	
Remove			_	
5) Change		N/A		
Add				
Remove			_	
		. ^	-	
6) Change		N/A		
Add			_	
Remove				

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J/A	
J// \	
·	
**	
<u>If an amendment provides for an exch</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 11/26/202	
Effective date if applicable: $\frac{11/26/2012}{\text{(no more than 90 days after amendment file date)}}$	
' (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 by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ler
Dated 11/26/2012	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
Trancisco Afaica (Typed or printed name of person signing)	
President (Title of person signing)	
(i ne or person signing)	