P12000016787

(F	Requestor's Name)					
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PICK-UP	WAIT MAIL					
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1)	(Document Number)					
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COVER LETTER

NAME OF CORPORATION: 360 YACHT CARE, INC.					
	•				
Please return all corres	pondence concerning this matter to the following:				
	Paul Keeney Name of Contact Person				
	Name of Contact Person				
	Firm/ Company				
	934 N. University Dr., Ste Zoz Address Coral Springs, FC 33001 City/State and Zip Code				
	(a a) (a a) = 5/ 22a2/				
	City/State and Zin Code				
	•				
PdKeeney@gma;1.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (56) 866 569/ Area Code & Daytime Telephone Number					
Name o	of Contact Person 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles	of	Incorpora	atio

360 Yacht Care	
(Name of Corporation as currently filed with the Florida Dept.	
PIZ0000 76787	oi state)
(Document Number of Corporation (if known)	
• • • • • • • • • • • • • • • • • • • •	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prof</i> its Articles of Incorporation:	Tt Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "compar	Inc The now
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proword "chartered," "professional association," or the abbreviation "P.A."	ny," or "incorporated" or the abbreviation fessional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7 01
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) **Note: The image of the image o	13 MJC 12
D. If amending the registered agent and/or registered office address in Florionew registered agent and/or the new registered office address:	da, enter the name of the
Name of New Registered Agent N/P	
(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 appointment as registered agent.	ept the obligations of the position.
Signature of New Registered Agent, if char	nging

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	Name A	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			-
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional she	eets, if necessary). (Be s	specific)			
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				1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

amendment provisions for imple (if not applicable)	ovides for an exchange, percenting the amendmende, indicate N/A)	reclassification, or it if not contained i	cancellation of issu n the amendment i	ied shares, tself:	
					
	N/A				
	,				
				•	
		<u> </u>			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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.	
Dated8-1-13	
Signature	
(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)	
Taul Keeney (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	