## P130000048441

| (Re                                     | questor's Name)   |             |  |  |
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| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
| (Do                                     | cument Number)    |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: KEY WEST SAIL                        | ING ACADEN   | MY INC.                       |  |
|--|---|--|-------------------------------|--|
| DOCUMENT NUMB  | D13000048461                                |  |                               |  |
| The enclosed Articles of   | of Amendment and fee are su                 | ubmitted for fill  | ng,                           |  |
| Please return all corresp  | pondence concerning this ma                 | atter to the follo   | wing:                         |  |
|  | ĸ   | IMBER TRAC   | CY-WHIDD                      | EN   |
| -  |   | Name of Co   | ontact Person                 | n  |
| -  |   | Firm/ (  | Company                       |  |
|  |   | 17131 MARI   | JIN DRIVE                     |  |
| -  |   | Ad   | dress                         |  |
| _  | SI  | UGARLOAF K   | EY, FL 330                    | 42   |
|  |   | City/ State  | and Zip Cod                   | e  |
|  | 1   | cimber@tampa   | bay.rr.com                    |  |
|  | E-mail address: (to be u                    |  |                               | notification)  |
| For further information  | concerning this matter, plea-               | se call:   |                               |  |
| KIMBER TRACY-WE  | HIDDEN                                      | at (   | 727                           | 452-2334   |
| Name o   |   | Area Co  | de & Daytime Telephone Number |  |
| Enclosed is a check for  | the following amount made                   | payable to the   | Florida Depa                  | artment of State:  |
| \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | S43.75 Fil<br>Certified (Additiona<br>enclosed)                        | Copy<br>I copy is             | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|  | ing Address                                 |  |                               | Address  |
|  | idment Section                              |  |                               | lment Section  |
|  | -   |  |                               |  |
|  |   |  |                               | _  |
| Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |   | Division of Corporations Clifton Building 2661 Executive Center Circle |                               |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

KEY WEST SAILING ACADEMY INC.

| KEY WEST S   | AILING ACADEMY INC.   |
|--|---|
| (Name of Corporation as  | currently filed with the Florida Dept. of State)  |
| · P  | 213000048461  |
| (Document N  | lumber of Corporation (if known)  |
| Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:                    | ntes, this Florida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corpora   | at <u>ion:</u>  |
|  | The new   |
|  | orporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the wiation "P.A." |
| B. Enter new principal office address, if applicable:  |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>  | so Fig. 7   |
| •  |   |
|  |   |
| C. Enter new mailing address, if applicable:   |   |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |   |
| •  |   |
|  |   |
|  |   |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office |   |
| Name of New Registered Agent   |   |
|  |   |
|  | Florida street address)   |
| New Registered Office Address:   | , Florida   |
| New Registered Office Address.   | (City) (Zip Code)   |
|  |   |
|  |   |
| New Registered Agent's Signature, if changing Registere  | ed 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.

| X Change                   | PT          | John Doe    |                      |                         |
|----------------------------|-------------|-------------|----------------------|-------------------------|
| X Remove                   | <u>V</u>    | Mike Jones  |                      |                         |
| X Add                      | <u>sv</u>   | Sally Smith |                      |                         |
| Type of Action (Check One) | Title       |             | Name                 | <u>Addres</u> s         |
| 1) X Change                | PST         |             | KIMBER TRACY-WHIDDEN | 17131 MARLIN DRIVE      |
| Add                        |             |             |                      | SUGARLOAF KEY, FL 33042 |
| Remove                     |             |             |                      |                         |
| 2) Change                  | Р           | _           | DAVID WHIDDEN        | 17131 MARLIN DRIVE      |
| Add                        |             |             |                      | SUGARLOAF KEY, FL 33042 |
| X Remove                   |             |             |                      | · .                     |
| 3) Change                  |             | _           |                      |                         |
| Add                        |             |             |                      |                         |
| Remove                     |             |             |                      |                         |
| 4) Change                  |             | _           |                      |                         |
| Add                        |             |             |                      |                         |
| Remove                     |             | •           |                      | <del> </del>            |
| 5) Change                  |             | _           |                      |                         |
| Add                        |             |             |                      |                         |
| Remove                     |             |             |                      |                         |
| 6) Change                  |             |             |                      |                         |
| Add                        | <del></del> | <del></del> |                      |                         |
| Remove                     |             |             |                      |                         |

| ach additional s | ding additional Articles, etcheets, if necessary). (Be | specific)           |                    |   |  |
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| an amendment     | provides for an exchange.                              | . reclassification. | or cancellation of | ssued shares.                           |  |
| rovisions for in | plementing the amendme                                 | nt if not contained | d in the amendme   | ıt itself:                              |  |
| (if not applic   | able, indicate N/A)                                    |                     |                    |   |  |
|                  |  |                     |                    |   |  |
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| 1/1/2016  | , if other than the  |
|---|--|
| The date of each amendment(s) adoption:date this document was signed.   | , it office than the   |
| Effective date <u>if applicable</u> :   |  |
| (no more than 90 da   | ys after amendment file date)                                      |
| Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |  |
| The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.                   | nber of votes cast for the amendment(s)                            |
| ☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote   |  |
| "The number of votes cast for the amendment(s) was/were su  | ficient for approval   |
| by  | .,,  |
| (voting group)  |  |
| ☐ The amendment(s) was/were adopted by the board of directors with action was not required.   | out shareholder action and shareholder                             |
| The amendment(s) was/were adopted by the incorporators without action was not required.   | shareholder action and shareholder                                 |
| 7/7/2016  |  |
| Signature Sulday Cont   | _<br>·   |
| (By a director, president or other officer -  | if directors or officers have not been                             |
| selected, by an incorporator – if in the had appointed fiduciary by that fiduciary)   | ids of a receiver, trustee, or other court                         |
| КІМВЕ   | R TRACY-WHIDDEN  |
| (Typed or printed nam   | e of person signing)   |
| VICE  | PRESIDENT  |
| (Title of p   | ereon signing)   |