P1300071689

(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phone	≘#)
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SECRETARY OF STATE

C. LEWIS

OCT 8 2013

EXAMINER

COVER LETTER >

TO: Amendment Section , Division of Corporations

NAME OF CORPOR	ATION: ST JOSEP	H MARINA MAR	RT INC	
DOCUMENT NUMB	_{ER:} <u>P1300007168</u>	9		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	EDITH H. BROW	N		
	BOB LANE'S AC	Name of Contact Persor)	
-	4530 W HIGHTO	Firm/ Company WER LANE		
-	INVERNESS FL	Address 34450-4139		
-		City/ State and Zip Code	2	
rlan	ejr@tampabay.rr			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
EDITH H BR	NWC	at (352	, 344-2888	
Name of Contact Person		at (352) 344-2888 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made			
□ \$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)	
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	ection Amendment Section orporations Division of Corporations Clifton Building		

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

13 SEP 30 PM 1: 20

ST JOSEPH MARINA MART INC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000071689	
(Document Number of Corporation (if	(nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	(addrace)
	,
New Registered Office Address: (City)	, Florida (Zip Code)
	,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
	1 0 2 / 2
Signature of New Registered As	ent, 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 PΤ John Doe X Remove <u>V</u> Mike Jones X Add SVSally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) VΡ MAGED FAWZY YOUSEF 4530 W HIGHTOWER LANE 1) ____ Change LECANTO FL 3461-9722 Add Remove 2) ____ Change ____ Add Remove 3) ____ Change ____ Add __ Remove 4) ____ Change ___ Add __ Remove 5) _____Change ____ Add Remove 6) ____ Change _____ Add ____ Remove

<mark>f amending or adding</mark> Attach <i>additional sheet</i> .	s, if necessary).	(Be specific)				
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			- .			
an amendment prov provisions for implen	ides for an excha	inge, reclassif	ication, or can contained in th	<u>cellation of issue</u> e amendment its	ed shares, self:	
(if not applicable,	indicate N/A)			<u> </u>	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·					
						
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$^{APP_{RO}}$
The date of each amendment(s) adoption: September 23, 2013
data this decompant was six and
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (SECRETARY OF ALLGARIARY
Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE)
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.
September 23, 2013
Signature S. A Mag. (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)
Emad Shoukry Attia
(Typed or printed name of person signing)
President

(Title of person signing)