

P14000004654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

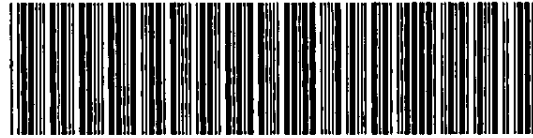
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/28/14--01002--026 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY -8 AM 11:19

APPROVED  
AND  
FILED

C. LEWIS  
May 20 2014  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2014

JOSEPH GAUDINO / MOGA MARINE PRODUCTS & MANUFACTURING  
7857 SW ELLIPSE WAY  
STUART, FL 34997 US

SUBJECT: MOGA MARINE PRODUCTS & MANUFACTURING INC.  
Ref. Number: P14000004654

We have received your document for MOGA MARINE PRODUCTS & MANUFACTURING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 214A00006797

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Moga Marine Products & Manufacturing

DOCUMENT NUMBER: P14000004654

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Gaudino

(Name of Contact Person)

Moga Marine Products & Manufacturing

(Firm/ Company)

7857 SW Ellipse Way

(Address)

Stuart FL 34997

(City/ State and Zip Code)

Mogaman@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Gaudino

(Name of Contact Person)

at (772) 214-9407

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

**Mailing Address**

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

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Moga Marine Products and Manufacturing

DOCUMENT NUMBER: P14000004654

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Gaudino

Name of Contact Person

Moga Marine Products

Firm/ Company

7857 SW Ellipse Way

Address

Stuart, FL 34997

City/ State and Zip Code

& mogaman@live.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Gaudino

Name of Contact Person

at ( 772 ) 210-6957

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

(already paid)

☐ \$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)

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Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

APPROVED  
AND  
FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

14 MAY -8 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Moga Marine Products & Manufacturing  
(Name of Corporation as currently filed with the Florida Dept. of State)

P14000004654

Inc.

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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 address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(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 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.

Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action:  
(Check One)

Title

Name

Address

- |   |          |                         |                               |
|---|----------|-------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change      | <u>✓</u> | <u>Nicole M Gaudino</u> | <u>2540 SE Springtree Pl.</u> |
| <input checked="" type="checkbox"/> Add |          |                         | <u>Stuart FL 34997</u>        |
| <input type="checkbox"/> Remove         |          |                         |                               |
| 2) <input type="checkbox"/> Change      |          |                         |                               |
| <input type="checkbox"/> Add            |          |                         |                               |
| <input type="checkbox"/> Remove         |          |                         |                               |
| 3) <input type="checkbox"/> Change      |          |                         |                               |
| <input type="checkbox"/> Add            |          |                         |                               |
| <input type="checkbox"/> Remove         |          |                         |                               |
| 4) <input type="checkbox"/> Change      |          |                         |                               |
| <input type="checkbox"/> Add            |          |                         |                               |
| <input type="checkbox"/> Remove         |          |                         |                               |
| 5) <input type="checkbox"/> Change      |          |                         |                               |
| <input type="checkbox"/> Add            |          |                         |                               |
| <input type="checkbox"/> Remove         |          |                         |                               |
| 6) <input type="checkbox"/> Change      |          |                         |                               |
| <input type="checkbox"/> Add            |          |                         |                               |
| <input type="checkbox"/> Remove         |          |                         |                               |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

APPROVED  
AND  
FILED

The date of each amendment(s) adoption: 14 MAY -8 AM 11:20, if other than the date this document was signed.

Effective date if applicable: SECRETARY OF STATE  
(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 5/15/14

Signature

Joseph Gaudino

(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)

Joseph Gaudino  
(Typed or printed name of person signing)

President  
(Title of person signing)