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AUG 19 2015

R. WHITE





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 10, 2015

DORIT M FINE 20533 BISCAYNE BLVD STE 1318 AVENTURA, FL 33180

SUBJECT: FIVE OCEAN INDUSTRIES INC.

Ref. Number: P14000009059

We have received your document for FIVE OCEAN INDUSTRIES 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White Regulatory Specialist II

Letter Number: 115A00016779

JACK LEVINE, P.A.

Certified Public Accountants
16855 N.E. 2nd Avenue Suite 303
North Miami Beach, Florida 33162
Telephone (305) 651-0400
Telefax (305) 651-0611
E-MAIL: <u>JL.@jacklevinecpa.com</u>

July 31, 2015

CERTIFIED MAIL# 7015 0640 0006 6936 2634

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

Re: Articles of Amendment to Articles of Incorporation

Dear Sir or Madam:

Enclosed please find an Articles of Amendment to Articles of Incorporation for **Five Ocean Industries**, **Inc.** Also enclosed is Check#10849 in the amount of \$35.00 for the filing fee. Please stamp and return a copy in the enclosed self-addressed envelope.

Thanking you in advance for your cooperation.

Sincerely,

JACK LEVINE, PA, CPA'S

Jack Levine, CPA

CERTIFIED PUBLIC ACCOUNTANTS

JACK LEVINE, P.A.

Certified Jublic Accountants
16855 N.E. 2nd Avenue Suite 303
North Miami Beach, Florida 33162
Telephone (305) 651-0400
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Sincerely,

JACK LEVINE, PA, CPA'S

Jack Levine, CPA

CERTIFIED PUBLIC ACCOUNTANTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Five Ocean Industr	ies, Inc.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Dorit M. Fine		
		Name of Contact Persor	1
	Five Ocean Industries, Inc.		
		Firm/ Company	
	20533 Biscayne Blvd Suite#1	318	
		Address	
	Aventura, Florida 33180		
		City/ State and Zip Code	0
JL@j	acklevinecpa.com		
	<u>-</u>	ed for future annual report	notification)
For further information	n concerning this matter, pleas	ee call:	
Dorit M. Fine		at (de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the 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)
Amo Divi	iling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation of

FILED

to

Five Ocean Industries, Inc.	15 AUG 17 AU 8. 22
(Name of Corpor	ration as currently filed with the Florida Dept. of State)
P14000009059	TALLAHASSEE FLOORS
. (Doo	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the	e corporation:
Five Oceans Industries, Inc.	The new
name must be distinguishable and contain the variance of the contained	able: IDDRESS)
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent New Registered Office Address:	(Florida street address), Florida (City) (Zip Code)

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	<u>PT</u>	John Do	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_•		
Add				
Remove				
5) Change				
Add				
Remove				
Kemove				
6) Change		_		
Add				
Remove				

If amending or adding additional A Attach additional sheets, if necessary,). (Be specific)	enter mere.			
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if an amendment provides for an ex provisions for implementing the an	nendment if not co	cation, or cancellontained in the a	lation of issued s mendment itself	hares,	
(if not applicable, indicate N/A)					
					
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The date of each amendment(s) adoption:	January 1, 2015	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirements, State's records.	this date will not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amend approval.	ment(s)
	e shareholders through voting groups. The following s group entitled to vote separately on the amendment(s	
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by		
(vo	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	eholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and sharehol	der
7/31/2015 Dated		
Signature & Voit	M. Fine	
(By a director, pres	sident or other officer – if directors or officers have no orporator – if in the hands of a receiver, trustee, or othey by that fiduciary)	
Dorit M. F	ine	
**************************************	(Typed or printed name of person signing)	
President		
	(Title of person signing)	