## P14000032585

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ECRETARY OF STATE LL7HATSEE, FLORIDA

JUN 182015 T CANNON

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	DALES DOCKSII	DE INCORPORATED	
DOCUMENT NUMI	P14000032585 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DAINEL SENESE		
	DALES DOCKSIDE INCOR	Name of Contact Person RPORATED	1
	3440 MARINATOWN LAN	Firm/ Company	
	NORTH FORT MYERS, FL	Address 33903	
		City/ State and Zip Code	2
BRU	CESUDS@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
DANIEL SENESE		<b>72</b> 0	612-7602
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	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	ling Address endment Section sion of Corporations Box 6327	Amend Division	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DALES DOCKSIDE INCORPORATED

	(Document Number of	Corporation (if known)	
tursuant to the provisions of section 607. s Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the follo	owing amendment(s) to
. If amending name, enter the new na	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "C	," "company," or "incorporated" or the Co". A professional corporation name no P.A."	he abbreviation
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
		-	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		3440 MARINATOWN LANE	
· · · · · · · · · · · · · · · · · · ·	(Musing undress MAT DI. AT ONT OFFICE DOX)		<u> </u>
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>			9 P
			# 5 FO
Name of New Registered Agent	3440 MARINATOWN LA		
	(Florida stre	et address)	>
New Registered Office Address:	NORTH FORT MYERS		03
	(	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)
Name of New Registered Agent  New Registered Office Address:	Daniel Sene 3440 MARINATOWN LAS (Florida stre NORTH FORT MYERS	NE et address) , Florida	

## 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 Doc	
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) Change	P	DALE P WALKER	146 DOW RD
Add			PORT CHARLOTTE, FL 33952
X Remove			
2) Change	P	DANIEL SENESE	3440 MARINATOWN LANE
X Add			N.FORT MYERS, FL 33903
Remove			<del></del>
3) Change			
Add			
Remove			2 JUH 2 JUH VLT VIII
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			TATE ORIDA
5) Change		<del> </del>	
Add			
Remove			
6) Change			
Add			
Remove			

<b>f amending or adding additional Arti</b> Attach <i>additional sheets, if necessary).</i>	(Be specific)		
•	•		
		5	Ą
		J.H	
		- 6	
		٦-	(T)
		PH 12: 17	-17
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	ΐ̈́	Š
provisions for implementing the ame	ndment if not contained in the amendment itself:	17	8
(if not applicable, indicate N/A)			$\triangleright$

The date of each amendment(s) adoption:	O6/01/2013	101/2015		, if other than th
date this document was signed.				
Effective date <u>if applicable</u> :	•			
	(no more than	90 days after amendment fil	e date)	<del></del>
Note: If the date inserted in this block doe document's effective date on the Department		icable statutory filing requir	rements, this date will	not be listed as the
Adoption of Amendment(s)	CHECK ONE)			
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		ne number of votes cast for t	he amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vot				
"The number of votes cast for the ar		• •		
by		, , , , , , , , , , , , , , , , , , , ,	-	75 ₹
(	voting group)		9	
☑ The amendment(s) was/were adopted by t action was not required.	he board of director	s without shareholder action	and shareholder	- ARRY
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators wi	thout shareholder action and	shareholder 7	ED OF STATI
Dated 6 / 4 (15				) A
Signature	1 kgs			
selected, by an i		Ticer – if directors or officers the hands of a receiver, trusters		
	L SENESE			
	(Typed or printed	I name of person signing)		
PRESID	DENT			
	(Title	e of person signing)		