P14000032980

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Jes Mar

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		s Inc.		
DOCUMENT NUM	BER:			
	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the followin	ıg:	
	Lourdes Blaser			
		Name of Conta	ct Person	
		Firm/ Com	pany	
	2709 Via Cipriani Unit 520)B		
		Addres	SS	
	Clearwater, FL 33764	·		
		City/ State and	Zip Code	
lou@)iblaser.com			
	E-mail address: (to be use	ed for future annu	al report r	otification)
For further informatio	n concerning this matter, please	e call:		
Lou Blaser		at (727	238-8315
Name	of Contact Person	a. (Area Cod	238-8315 le & Daytime Telephone Number
Enclosed is a check for	or the following amount made p			
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314		Division Clifton l 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Nome of Corporation as anymentic	y filed with the Florida Dept.	* Ctata
P14000032980	y med with the Florida Dept.	or State)
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation ado	ots the following amendment(s)
A. If amending name, enter the new name of the corporation:		
Second Breaks Inc.		The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporati	ted" or the abbreviation
3. Enter new principal office address, if applicable:	notapplicable	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		50 %
		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:	not applicable	
(Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered office addr	ress in Florida, enter the name	
 If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address 	ess in Florida, enter the name	
new registered agent and/or the new registered office address	ress in Florida, enter the name i	
new registered agent and/or the new registered office address	<u>:</u>	
new registered agent and/or the new registered office address Name of New Registered Agent Note	<u>:</u>	
new registered agent and/or the new registered office address Name of New Registered Agent Note	i applicable eet address)	

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	<u>PT</u>	John Do	<u>pe</u>	
X Remove	Y	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change			not applicable	not applicable
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		·-		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove			•	
6) Change		_		
Add				
Domosia				

If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)	
ot applicable		
If an amendment provides for an exchaprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of diment if not contained in the amendme	issued shares, ent itself:
t applicable		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
not applicable Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date very document's effective date on the Department of State's records.	vill not be listed as the
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 APRIL 1, 2016	
Dated APRIL 1, 2016 Signature Lolan	
(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)	
Lourdes Blaser	
(Typed or printed name of person signing)	
President	
(Title of person signing)	