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TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: South DOCUMENT NUMBER: P14000	Ocean Recovery Ir 033374	1C.
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matter	ter to the following:	
David	M. Pearson Name of Contact Person Ocean Recovery Inc. Firm/ Company Congress Ave #350 Address Address City/ State and Zip Code	
	Name of Contact Person	
South	Ocean Recovery Inc.	
	Firm/ Company	<u></u>
1732 5	. Congress Ave #350	4
	Address	18 / r
Palm Spri	ings FL 33461	
	City/ State and Zip Code	C
LDN98Y20	003@ Yahoo. com	erver {
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, please	e call:	
David Pearson	at (954) 464-63 Area Code & Daytime Telephon	32
Name of Contact Person	Area Code & Daytime Telephon	e Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:	
\$35 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)	
) 1	Saucas Adduces	
<u>Mailing Address</u> Amendment Section	<u>Street Address</u> Amendment Section	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment, to Articles of Incorporation .of

South Ocean Reco	very Inc.
(Name of Corporation as currently filed with the Flo	
P14000033374	
(Document Number of Corporation (if k	(nown)
Pursuant to the provisions of section 607,1006. Florida Statutes, this ET its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation." "Corp.," "hic.," or Co.," or the designation "Corp." "Inc.," or "Coword "chartered." "professional association." or the abbreviation "P.	o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7731 Military Trail Suite 1 Palm Beach Gardens FL 33410
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens FL 33410 1732 5. Congress Ave # 354 Palm Springs FL 33461
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent ALAM C. BLO	ss in Florida, enter the name of the
Name of New Registered Agent ALAS C BLOOM 7777 (LADS) (Florida street)	r addra i d
New Registered Office Address: BOLA RATON	J Florida 33434
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Tam familiar with	h and accept the obligations of the position
Signature of Vew Registered Ag	ent P changing

address of each Officer (Attach additional sheets Please note the officer/dip = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led	and/or I i, if neces irector til Presiden = Chief er, Direct I in the fa aves the	ssary) tile by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR= T Financial Officer. If an officer/director holds more (Frustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	हित क
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	John Owens	3261 Hoy lake Rd. Lake Worth FL 33467
Remove 2) Change	Р	David M. Pearson	13088 Citrus Grove Blud.
Add Remove		<u> </u>	West Palm Beach Fi 33412
Change Add			·
Remove 4) Change Add			
Remove	 		
5) Change			
Remove			
6) Change			
Remove	 -		

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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If an amount many the form an archaeological and a second	<u> </u>	08
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)		
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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)	
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(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)	, м.,
Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	VONA VER
(Title of person signing)	
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