Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN FORBIDDEN ISLAND TRAVEL, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corpe	7.040m	•	
NAME OF CORPOR	ATION: FORBIDDEN ISL	AND TRAVEL, INC.	
DOCUMENT NUMB	ER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YVETTE BARERA-MUSA		
•		Name of Contact Person	n .
	FORBIDDEN ISLAND TRA	VEL, INC.	
-		Firm/ Company	
	419 WEST 49 STREET, SUI		
•		Address	
	HIALEAH, FL 33012		
•		City/ State and Zip Cod	
edwar	d@forbiddenialandtravel.com	,	
	-	sed for future annual report	motification)
	r-man address. (to be th	sen for furtile attituat teborr	nouncadon)
For further information	concerning this matter, pleas	se call:	,
YVETTE BARRERA	-MUSA	at (300-7398
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
		Tallahassee, FL 32301	

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Articles of Amendment to Articles of Incorporation of

FORBIDDEN ISLAND TRAVEL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P14000045820 (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: **NO CHANGES** 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." 419 WEST 49 STREET, B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) **SUITE 209.** HIALEAH, FL 33012 C. Enter new mailing address, if applicable: 419 WEST 49 STREET, (Muiling address MAY BE A POST OFFICE BOX) **SUITE 209.** HIALBAH, FL 33012 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: NO CHANGES Name of New Registered Agent 419 WEST 49 STREET, SUITE 209. (Florida street address) Florida 33012 HIALEAH New Registered Office Address: (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.

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Signature of New Registered Agent, if changing

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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	PT lo				
X Remove	<u>v</u> <u>m</u>	Mike Jones			
X Add	<u>SV</u> <u>Sa</u>	lly Smith			
Type of Action (Check One)	Title	<u>Name</u>	Addreas		
1) X Change	P	YVETTE BARRERA-MUSA	419 WEST 49 STREET,		
Add			SUTTE 209.		
Remove			HIALEAH, FL 33012		
2) X Change	VP	EDWARD FREIRE	419 WEST 49 STREET,		
Add			SUITE 209.		
Remove			HIALEAH, FL 33012		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6)Change					
Add					
Remove					

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The data of each amandment(s) adoption:
date this document was signed.
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 will not be listed as the document's effective date on the Department of State's records.
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(a) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(a) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
MAY 18, 2016 Dated
Simular Frein
(By a director, president or other officer — if directors or officers have not been solected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
EDWARD FREIRE
(Typed or printed name of person signing)
VICE-PRESIDENT
(Title of person signing)

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