P1400056691

| (Re | equestor's Name) | | |
|-------------------------|--------------------|-------------|--|
| (Ac | ldress) | | |
| (Ac | ldress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL. | |
| (Ві | siness Entity Nar | ne) | |
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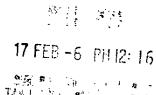
R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Footloose Excursion | ons Inc. | |
|--------------------------|---|--|--|
| DOCUMENT NUME | P14000056601 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Patricia Gray | | |
| | | Name of Contact Person | 1 |
| | | Firm/ Company | |
| | 1108 Petronia Street | | |
| | | Address | |
| | Key West, Florida 33040 | | |
| | | City/ State and Zip Cod | e |
| mrsgr | ay2@aol.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | n concerning this matter, pleas | se call: | |
| Patricia Gray | | at (⁷⁷² | 539-1630 |
| Name o | 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) |
| Ame Divi: P.O. | ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of



Footloose Excursions Inc.

| Company of Corporation and | s currently filed with the Florida Dept. of State) |
|--|---|
| 14000056691 | |
| (Document N | Number of Corporation (if known) |
| ursuant to the provisions of section 607.1006, Florida States Articles of Incorporation: | tutes, this Florida Profit Corporation adopts the following amendment(s) |
| lf amending name, enter the new name of the corpor | ration: |
| I/A | The new |
| | corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A." |
| | N/A |
| . <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRES</u> | <u></u> |
| | |
| | |
| Enter new mailing address, if applicable: | N/A |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | |
| . If amending the registered agent and/or registered of | ffice address in Florida, enter the name of the |
| | |
| new registered agent and/or the new registered office | |
| Name of New Registered Agent NAME of New Registered Agent N/A | |
| N/A | |
| Name of New Registered Agent N/A | Florida street address) |
| Name of New Registered Agent N/A | |

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 <math>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>e</u> | | | |
|----------------------------|--------------|-------------|-------------|-------------|----------------------|---|
| X Remove | <u>v</u> | Mike Jo | nes | | | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address | |
| 1) Change | DV | | Robert Gray | | 1108 Petronia Street | _ |
| X Add | | | | | Key West, FL 33040 | _ |
| Remove | | | | | | |
| 2) Change | | _ | | _ | | _ |
| Add | | | | | | _ |
| Remove | | | | | | _ |
| 3)Change | | | | _ | | |
| Add | | | | | | _ |
| Remove | | | | | | _ |
| 4) Change | | | | _ | | _ |
| Add | | | | | | |
| Remove | | | | | | _ |
| 5) Change | | _ | | _ | | _ |
| Add | | | | | | _ |
| Remove | | | | | | _ |
| 6) Change | | | | | | |
| Add | | - | | _ | | - |
| Remove | | | | | | _ |
| Remove | | | | | | |

| . If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) |
|---|---|
| Robert Gray is named as Director/Vice Pre | sident |
| | |
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| provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis |
| atrica Gray and Robert Gray, husband and | d wife own 100% of the shares of Footloose Excursions Inc. jointly. |
| | |
| <u> </u> | |
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| | |
| | |
| | |

| • • • • | January 1, 2017 | |
|---|--|---------------------------|
| The date of each amendmen date this document was signed | | , if other than the |
| Effective date if applicable: | January 1, 2017 | |
| Directive date in appreciable. | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this date he Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. | |
| | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): | ıt. |
| "The number of vote | s cast for the amendment(s) was/were sufficient for approval | |
| by N/A | " | |
| | (voting group) | |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| 1/1/2 | 017 | |
| Dated | | |
| Signature _ | 100 9 1 rol | |
| | By a director, president or other officer – if directors or officers have not been | |
| | elected, by an incorporator - if in the hands of a receiver, trustee, or other court | |
| a | ppointed fiduciary by that fiduciary) | |
| | Patricia Gray | |
| | (Typed or printed name of person signing) | |
| | President/Director | |
| | (Title of person signing) | |