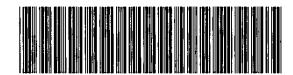
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SECRETARY OF STATE

DEC 21 2016



COVER LETTER

Division of Corporations & tackle marine supplies and sporting **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

(Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

happy durke ba	't & tackle marine s	upplies and s	'oor
(Name of Co	prporation as currently filed with the Florida Dept		190
P140	000071912		ľ
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corporation</i> ac	lopts the following amendmen	nt(s) to
A. If amending name, enter the new name Corp., and all all all all all all all all all al	ba, + R + Calle Verel the word "corporation," "company," or "incorpora n "Corp," "Inc," or "Co". A professional corpora	rated" or the abbreviation name must contain the	
B. Enter new principal office address, if an (Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
D. If amending the registered agent and/or new registered agent and/or the new re	registered office address in Fjorida, enter the nan gistered office address:	ne of the	
Name of New Registered Agent		***************************************	
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if change the second the appointment as registered to the appointment as registered to the second to the appointment as registered to the second to the appointment as registered to the second	ging Registered Agent: agent. I am familiar with and accept the obligation	s of the position.	
		ZOLS SECO	
	Signature of New Registered Agent, if changing	DEC 19 P SHARASSEE; FLORI	
	Page 1 of 4		

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	PT	John Do	<u>ne</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>			
_X Add	<u>s</u> v	Sally Smith				
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change						
Add						
Remove						
2) Change			***************************************			
Add						
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	ticles, enter change(s) here: (Be specific)
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If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself;
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill 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 12.14.16	
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)	
Jon Jackson	
(Typed or printed name of person signing)	
Pres.	
(Title of person signing)	