## PH00018273

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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BEACH SERVIC	ES OF PALM BEACH IN	С	
DOCUMENT NUMBI				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
E	ERICA LOWRY			
_		Name of Contact Person	1	
E	BEACH SERVICES OF PA	ALM BEACH INC		
_		Firm/ Company		
1	81 S OCEAN AVENUE			
_		Address		
F	PALM BEACH SHORES, I	FL 33404		
		City/ State and Zip Cod	· ·	
ACCU	RATEACCOUNTINGSER	RVICES@COMCAST.NE	т	
	E-mail address; (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ERICA LOWRY		561 at (		
Name of	*Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
S35 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		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

GET	WFT	WATERSPORTS	INC

(Name of Corporatio	n as currently filed	with the Florida Dept.	of State)
P14000078273			
(Docume	ent Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation add	opts the following amendment(s
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc." or "Co". 2		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )		= 6 =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			SSEED PLUS
initiang address <u>MAC DILATON OF FICE DOZ</u>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		lorida, enter the name	e of the
Name of New Registered Agent			
	(Florida street addr	CNS)	
New Revistered Office Address:			Florida
to the state of th	(City)		(Zip Code)
New Registered Office Address:	(City)	ensj	
Registered Agent's Signature, if changing Regi- eby accept the appointment as registered agent. I		l accept the obligations	of the position.
, , , , , , , , , , , , , , , , , , , ,			. ,
Signa	ture of New Registers	ed Agent, if changing	

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	P	TROY LOWRY	2650 LAKE SHORE DR
Add			UNIT 2406
Remove			RIVIERA BEACH, FL 33404
2) X Change	VPST	ERICA LOWRY	2650 LAKE SHORE DR
Add			UNIT 2406
Remove			RIVIERA BEACH, FL 33404
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		4.6	
Add			
Remove			
6) Change			
Add			
Remove			

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)		heets, if hecessary)	. (Be specific)				
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	provisions for imp	olementing the am	change, reclassifi nendment if not c	cation, or cance ontained in the a	llation of issued shamendment itself:	ares,	
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The date of each amendment(s) addate this document was signed	option:	it other than the
k.tlective date <u>if applicable</u> :	<u>.</u>	
	cao more than 90 days after ame	nament tile date)
Note: 4) the date inserted in this blo document's effective date on the Dep.	sek does not meet the applicable statutory fil artment of State's records	ling requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE)</u>	
The amendment(s) was were adopty the shareholders was were sull	ted by the shareholders. The number of votes ictent for approval.	cast for the amendment(s)
<ul> <li>the amendment(s) was were appropriately for separately provided for ea</li> </ul>	oved by the shatcholders through voting eroup ach voting group entitled to vote separately of	ss. The following statement n the amendmentes)
"The number of votes cast to	or the amendmentis) was were sufficient for a	ургохаі
h <sub>i</sub> .	tvotung groups	
<ul> <li>The amendments) was were adopt action was not required.</li> </ul>	ted by the board of directors without sharehold	der action and shareholder
☐ The amendment(s) was were adopt action was not required.	ied by the incorporators without shareholder a	ction and shareholder
8/13/18 Dated		
Signature (By a dire	etor president or other officer of directors of	of officers have not been

**ERICA LOWRY** 

appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

selected, by an incorporator of in the hands of a receiver, trustee, or other court

PRESIDENT

Cliffe of person signing)