P14000099600

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COVER LETTER

TO: Amendment Section
Division of Corporations

•

NAME OF CORPO	ORATION: Pro Marine Suppli	es Inc.	
	1BER: P14000099600		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	R. Keith Stark		
		Name of Contact Pe	rson
	Stark Reagan PC		
		Firm/ Contpany	
	1111 W. Long Lake Road, Se	• •	
		Address	
	Troy, MI 48098		
	-	City/ State and Zip C	Code
rks	tark@starkreagan.com		
	E-mail address: (to be us	sed for future annual rer	port notification)
For further informat R. Keith Stark	ion concerning this matter, pleas	se call:	641-9955
Nam	e of Contact Person		Code & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida D	Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Am Div Cli	eet Address endment Section rision of Corporations fton Building I Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

to

י ממח		DINTE	SUPPL	IEC	NO
PKO	VIA	KENE.	SUPPL	LL.S	TiNC.

(Name	of Corporation as currently	filed with the Florida Dept	t. of State)		
P14000099600	 .				
	(Document Number of	Corporation (if known)			•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation ac	lopts the following a	mendi	ment(s)
A. If amending name, enter the new na	ame of the corporation:				
PM LIQUIDATION INC.				he ne	ይነላ
"Corp.," "Inc.," or Co" or the designword "chartered," "professional associa B. Enter new principal office address. (Principal office address MUST BE A S	ition," or the abbreviation "F if applicable:	Co". A professional corpora A." 895 Oakford Road	ation name must co	ıtain t	he -
					-
		Sarasota, FL 34240			-
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		895 Oakford Road	<u> </u>	19	_
		Sarasota, FL 34240	12 m	Ĺ	-771
			285	0.1	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nan	ne of the	AH S	ED
Name of New Registered Agent	No change of Name (N/A)		三	 CB	
Name of New Negativea Agent	895 Oakford Road				
	(Florida stree	et address)			
New Registered Office Address:			. Florida		
eren neganerea Office hadress.		City)	(Zip Cod	ie)	-
	,	**	•	-	

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.

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	CEO	Matthew A. Bonwill	895 Oakford Road	
Add			Sarasota, FL 34240	
Remove				
2) Change				
Add				7
Remove				
3) Change				
Add			75 5 C	ر
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
			_
			_
			_
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	S		_
	<u> </u>	19	
	<u> </u>	<u></u>	
	ASS T	10	-
			-
	12 cm	Pro I	C
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	25	· is	
provisions for implementing the amendment if not contained in the amendment itself:	40130 11VI	D	
(if not applicable, indicate N/A)			
N/A			
			_
			
			_
-			-
			_
		 -	•••
			_

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmer ufficient for approval.	u(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment .
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareho	lder -
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	TO JUN
6/6/2019 Dated	MA MA	26 6
Signature	Men the	
selecte	director, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Matthew A. Bonwill	
	(Typed or printed name of person signing)	
	CEO/Director	
	(Title of person signing)	