P1500015225

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COVER LETTER

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TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: ON ISland, INC DOCUMENT NUMBER: P15000015775		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person On Island Firm/ Company White Rel Address San Well FL 33957 City/ State and Zip Code Kate and San Bell & Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at 239 314 9809 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		

Articles of Amendment

to Articles of Incorporation

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to

<u> </u>	ara, mic
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
<u> 715001</u>	0015775
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.2	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
	202
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NA
	. w
	<u></u>
D. If amending the registered agent and/or registered office ad	ddress in Florida, enter the name of the
new registered agent and/or the new registered office address	ess:
Name of New Registered Agent NA	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	ant.
I hereby accept the appointment as registered agent. I am familia	
Signature of New	v Registered Agent, if changing
	- Account of Agent, y Changing
Check if annlicable	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Remove

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>	Doe	
X Remove	V Mike	: Jones	
_X Add	<u>SV</u> Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	1	Fran Peters	8778 Tropical Ct
Add Remove			F+ Myers, FL 33908
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
NIA	
19/7	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(il not applicable indicate N/A)	
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· · · · · · · · · · · · · · · · · · ·	
N/A	
· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) adoption date this document was signed.	on: July	1,2024	, 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 block of document's effective date on the Departm			ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted taction was not required.	by the incorporators, o	er board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were adopted to by the shareholders was/were sufficient	_	he number of votes cast for th	e amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	-	• • •	——————————————————————————————————————
"The number of votes cast for the	e amendment(s) was/w	vere sufficient for approval	
by			
	(voting group)		
selected, by a	ın incorporator – if in t	ficer – if directors or officers the hands of a receiver, trustee	
appointed fid	uciary by that fiduciar	ry)	
<u> </u>	athlees	n M Serg	eart
	(1 yped or printed	d name of person signing)	
	Y188	ident	
	(Title of person s	signing)	