P150000 41615

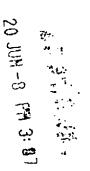
(Requ	uestor's Name)	·
(Addi	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
6-8-20		





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05/04/20--01013--012 **35.00



JUN 1 0 2020 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations	5559 J 3 L 1: 21
NAME OF CORPORATION: P 50	ack Ocean Group Inc 00041615
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	abmitted for filing. atter to the following:
Blac Blac Orland E-mall address: (to be u	Name of Contact Person Company Pirm/ Company Address Address City/ State and Zip Code Character aroup, Net- sed for luture annual report notification)
For further information concerning this matter, plea	se call:
Name of Contact Person	at (407) 432 - 4649 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 & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of A	Amendment	
to Articles of In		
Black C	Cean Grow	OP INC
(Name of Corporation as current	ly filed with the Florida Dept. o	of State)
<u> </u>	41615	
(Document Number of	of Corporation (if known)	6
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation:		3
		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.A.	A professional corporation nam	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	111 NO Ste 80	range Ave
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 N C Ste 80	range Ave
	J-L 1 5	2801
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name s:	of the
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	 _	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations o	f the nosition.
y	and accept the conguitons of	, are position.

Signature of New Registered Agent, if changing

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:

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>	John Doe	
X Remove	<u>Y</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) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
		
		
	 	
	·	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
rovisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(g not appreading, material with		
_ _		
		
		_

. . .

		, if other than the
date this documen	it was signed.	
Effective date <u>if a</u>	applicable: (no more than 90 days after amendment file date)	
Note: If the date document's effect	inserted in this block does not meet the applicable statutory filing requirements, this ive date on the Department of State's records.	date will not be listed as the
Adoption of Ame	endment(s) (<u>CHECK ONE</u>)	
The amendmer action was not	nt(s) was/were adopted by the incorporators, or board of directors without shareholder a required.	ction and shareholder
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment olders was/were sufficient for approval.	nt(s)
	nt(s) was/were approved by the shareholders through voting groups. The following state ately provided for each voting group entitled to vote separately on the amendment(s):	rment
"The nun	nber of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	Signature (By a director, president or other officer. If director(or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary) (Typed or printed name of person signing)	on Ourt

(Title of person signing)