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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MORTH STAR TA	MPA BAY SERVICES IN	IC		
DOCUMENT NUMBE	R: P15000061071				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspondent	ondence concerning this ma	tter to the following:			
A	RIANE DAVENPORT				
*****		Name of Contact Persor	1		
N	ORTH START TAMPA BA	AY SERVICES INC			
		Firm/ Company			
P 	O BOX 272598				
		Address			
Т	AMPA, FL, 33688				
~		City/ State and Zip Code			
tropicar	nag@aol.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Ariane Davenport		at ( <sup>813</sup>	469-1875		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, 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

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NORTH STAR TAMPA BAY SERVICE	ES INC		
(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
P15000061071			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	lorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
	···		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the co". A professional corporation name must A."	bbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			<del></del>
			28
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			SEP TO
			A STATE
D. If amending the registered agent an	nd/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	RICARDO FAVERO JUNIO	OR	_
	8816 BRENNAN CIR No. 2	201	
	(Florida stree	t address)	
New Registered Office Address:	TAMPA	Florida 33615	
New Aegisteren Office Address.	(0		Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	tered agent. I am familiar wi	th and accept the obligations of the position.	
	7/	<b>~</b> ./ <del>~</del>	
	11/1		<b>V.</b> No.
	Signature of New Re	gistered Agent, if changing	<del>-</del>

## 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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		ARIANE DAVENPORT	8813 BRENNAN CIR No. 201
Add X Remove				TAMPA, FL 33615
2) Change		_		
Add Remove				
3 ) Change		_		
Add Remove				
4) Change		<del></del>		
Add				
5) Change				
Add Remove				
6) Change				
Add		_		
Remove				

	al sheets, if necessa	ry). (Be specific	<i>ت)</i>			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u>.</u>
(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 document's effective date on the Department of State's records.	will 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)	
(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.	
08/29/2015 Dated	
Signature Chaum port	
(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)	
ARIANE DAVENPORT	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	<del></del>