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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARINERS RA	AIN SHIELD, INC.					
DOCUMENT NUMBER: P15000079810						
The enclosed Articles of Amendment and fee are	submitted for filing.					
Please return all correspondence concerning this r	matter to the following:					
ALBERT J WAGNER						
	Name of Contact Person					
IAO, INC.						
	Firm/ Company					
886 PARK AVENUE, SU	886 PARK AVENUE, SUITE 202					
	Address					
MARCO ISLAND, FL 34	145					
	City/ State and Zip Code	•				
ALWAGNER@IAOACCOUNT	· ring.com					
E-mail address: (to be	used for future annual report	notification)				
For further information concerning this matter, pl	ease call:					
ALBERT J WAGNER	at (²³⁹	791-7796				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made	de payable to the Florida Depa	ertment of State:				
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		☐\$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

1 E.E.

MARINERS RAIN SHIELD, INC.

15 0CT 28 PH 3: 05

(Name of Corporation as curre	intly filed with the Florida Dept. of State)
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation: MARINERS RAIN SHIELDS, INC.	The new
name must be distinguishable and contain the word "corpord "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w Registered 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.

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	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) 0				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				·
4) Change				
Add	-			
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E. <u>If amending or</u>	adding additional Art	icles, enter chang	<u>(e(s) here</u> :			
(Attach addition	aal sheets, if necessary).	(Be specific)				
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			<u> </u>			
F. If an amendme	ent provides for an excl	nange, reclassific	ation, or cancel	llation of issued	<u>shares,</u>	
(if not app	implementing the ame olicable, indicate N/A)	nament it not co	ntained in the a	<u>imenament itsei</u>	<u>I;</u>	
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	10/21/2015	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	(ar land r	
Effective date <u>if applicable:</u>	/25/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	oproved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
	et for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
10/21/20	15	
DatedSignature	in fallow	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	KRIS L HELLAND	
	(Typed or printed name of person signing)	
	PRESIDENT, SHAREHOLDER	
	(Title of person signing)	