

(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
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(Document Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations	i	
NAME OF CORPORATION: Panacea Oys	ler Co-op Corporation	
DOCUMENT NUMBER: P16000017203	 	
The enclosed Articles of Amendment and fee	tre submitted for filing.	
Please return all correspondence concerning th	 nis matter to the following: 	
Pam Portwood		
	Name of Contact Person	
Panacea Oyster Co-op	Corporation	
	Firm/ Company	
P. O. Box 341		
	Address	
Panacea, FL 32346	1	
	City/ State and Zip Code	
pportwood@panaceaoysters.c	din	
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter	please call:	
Pam Portwood	at (850) 544-6133	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	made payable to the Florida Department of State:	
\$35 Filing Fee		
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

FILED

17 SEP -6 AM 10: 36

Articles of Amendment to CATTAIN OF STATES

Articles of Incorporation of

Panacea Oyster Co-op Corporation			
(Name of C	orporation as current	ly filed with the Florida	Dept. of State)
P16000017203			
	UtDocument Number (of Corporation (if known)	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06 Florida Statutes, this	Florida Profit Corporati	ion adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:		
N/A			
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professional co "P.A."	The new corporated" or the abbreviation proporation name must contain the
B. Enter new principal office address, if a	pplicable:	N/A	
(Principal office address MUST BE A STR			
	-		
	ı		
C. Enter new mailing address, if applical		N/a	
(Mailing address MAY BE A POST OF	FICE BOX)		
	<u> </u>		
D. If amending the registered agent and/o	or registered office add	ress in Florida, enter th	e name of the
new registered agent and/or the new r	egistered office addres	<u>s:</u>	
Name of New Registered Agent	/A		
_			· · · · · · · · · · · · · · · · · · ·
	(Piorida si	reet address)	
New Registered Office Address:	<u> </u>	·	, Florida
		(City)	(Zip Code)
	i		
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agen	<u>t:</u> with and amount the ablic	and an effect of
rneren, accept the appointment as registere	a agent. Tam jamutar 	<i>wun апа ассері іне опну</i>	ations of the position.
	II I		
	l l		
	Signature of New .	Registered Agent, if chang	ging
		G Comb b comb	o mo
	ŀ		
	1		
	<u> </u>		

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice F Executive Officer; CFO = held. President, Treasurer Changes should be noted	and/or Director be if necessary) vector title by the five resident: T= Trea chief Financial (c. Director would be in the following many ves the corporation	sing added: st letter of the office title: surer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more to e'PTD. unner. Currently John Doc is listed as the I Sally Smith is named the V and S. These s Vias an Add.	director being removed and title, name, and rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
X Remove	<u>V</u> <u>Mike Jor</u>	1. 1 <u>.cs</u> 1.	
<u>X</u> Add	SV Sally Sm	ith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Rancher,	Jerry Moore	P. O. Box 457
Add			Panacea, FL 32346
X Remove			
2) Change	Director	Keith Bowers	2035 E Paul Dirac Dr
<u>X</u> Add			The Morgan Bldg. Suite 130
Remove			Tallahassee, FL 32310
3) Change		1	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove]	

E. If amending or adding additional Artic	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
	
	l l
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	ı

N/A	1
The date of each amendment(s) adoption: !	, if other than the
date this document was signed.	
N/A	
Effective date if applicable:	
1	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	ot meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CHI	ECK ONE)
by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendment(s) pproval.
The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amen	dment(s) was/were sufficient for approval
by	
(voit	ing group)
The amendment(s) was/were adopted by the action was not required.	poard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the i action was not required.	ncorporators without shareholder action and shareholder
September 1, 2017	
DatedSignatore	
	dent or other officer - if directors or officers have not been
	porator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	by that fiduciary)
Amy Recht	
 (Typed or printed name of person signing)
CFO	
	(Title of person signing)