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COVER LETTER

TO: Amendment Section Division of Corporations

LucionAME OF CORPORATION:	l Surf co
DOCUMENT NUMBER: P1600002	2738
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Ryan Chickos	
	Name of Contact Person
Lucid Surf co	
	Firm/ Company
3890 NE Cheri	dr
	Address
Jensen Beach, I	1.34957
	City/ State and Zip Code
chickosr@yahoo.com	
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this	s matter, please call:
Ryan Chickos	561 284-0520 at ()
Name of Contact Perso	n Area Code & Daytime Telephone Number
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 F Certificat	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status Certified Copy (Additional copy is enclosed) Certified Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Lucid Surf co	
(Name of Corporation as Corporation	urrently filed with the Florida Dept. of State)
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
Lucid Co	The same
name must be distinguishable and contain the word "corpore". "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	The new poration," "company," or "incorporated" or the abbreviation ;" or "Co". A professional corporation name must contain the iation "P.A."
9 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P 4 P	N/A
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)	N/A
(matting address MAT DE ATOST (FFICE DOA)	
D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a	
N/A	iddi ess.
Name of New Registered Agent	
(Fla	orida street address)
New Registered Office Address:	, Florida
New Heginered Office Facilities.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.
	f New Registered Agent, if changing
5.5/min c 17	אוויים אוויי

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>oc</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>		<u>Name</u>	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add		_		
Remove				
4) Change				
Add		_		
Remove				
5. (1)				•
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding addition (Attach additional sheets, if neces N/A	sary). (Be specific)			
		•		
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<u> </u>				
				
				
				·
				
		-		*
. If an amendment provides for a provisions for implementing the (if not applicable, indicate)	<u>e amendment if not</u>	fication, or cancella contained in the am	tion of issued shares, endment itself:	
N/A		_		
				.
			-	
-		- · <u>-</u>		
			55	

The date of each amendment	t(s) adoption:	, if other than the
date this document was signed		
Permetan Anto ir manifoldia.	05/12/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	fate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/web by the shareholders was/web.	re adopted by the shareholders. The number of votes east for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
☐ The amendment(s) was/well action was not required.	re adopted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
05/12	/2018	
Dated		
Signatur		
	a director, president or other officer – if directors or officers have not beer	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other cor opointed fiduciary by that fiduciary)	ırt
•••	Ryan Chickos	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	