## P16000026000

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: OCEANIA SERVI	CES INC		
DOCUMENT NUN	MBER: P16000026000			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	SHAILESH PATEL			
		Name of Contact Person	n	
	OCEANIA SERVICES INC			
		Firm/ Company		
	3682 N WICKHAM RD, ST	EB1-411		
		Address		
	MELBOURNE, FL 32935			
		City/ State and Zip Cod	е	
	SHAILESHCLP07@GMAIL	СОМ		
	E-mail address: (to be us	ed for future annual report	notification)	·
For further informat	ion concerning this matter, pleas	se call:		:
SHAILESH PATEL		at ( 321	749-5153	
Nam	e of Contact Person		de & Daytime Telephone Number	, c
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	,
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	lailing Address mendment Section		Address Iment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

OCEA	MIA	SERVICES	INC

• 1

OCEANIA SERVICES INC			
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State	)
P16000026000			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the f	ollowing amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
<b>,</b>	JIA		The new
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abb A professional corporation name must	previation "Corp.,"
B. Enter new principal office address,	if annlicable.	720 MULLET RD, STE N	
(Principal office address <u>MUST BE A S</u>		CAPE CANAVERAL, FL 32920	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3682 N WICKHAM RD, STE B1-4	11 ]
		MELBOURNE. FL 32935	
			<u>.</u>
		dress in Florida, enter the name of the	~ <sub>1</sub>
new registered agent and/or the new		ss:	
Name of New Registered Agent	SHAILESH PATEL		
	3682 N WICKHAM RD	STE B1-411	
	(Florida street address)		
New Registered Office Address:	MELBOURNE	, Florida	32935
<del></del>		(City)	(Zip Code)
New Registered Agent's Signature, if c Thereby accept the appointment as regist		nt: - with and accept the obligations of the po	osition.
		Ald	
	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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_		· <del>_</del>	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change	<u>v</u>	PRUTHA S PATEL	3682 N WICKHAM RD, STE B1
Add			MELBOURNE, FL 32935
X Remove			
2) Change	<u>V</u>	PRATI S PATEL	3682 N WICKHAM RD. STE BI
Add			MELBOURNE, FL 32935
X Remove			3682 N WICKHAM RD, STE BI
3) Change	<u> </u>	SHREES PATEL	MELBOURNE, FL 32935
Add			
X Remove			
4) Change			
Add			
Remove			
5) Change	<u></u> .		
Add			·
Remove			
6) Change			<del></del>
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
N/A		
		—
		· (.
		:
	-· .	(
	<u>:</u> -	•
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
NA		
		_
	<del></del>	

	JUNE 30, 2023	
The date of each amendment(s date this document was signed.	) adoption:	, if other than th
	UNE 30, 2023	
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	"	
-,	(voting group)	<del>5</del>
		, ,;
ſ	2 - 2	-
Dated 6/	30,23	 (.
	Gland .	
Signature		
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	5: 30 11
	SHAILESH C PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	