## P16000040424

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BLUE OCEAN BE	REEZE INC.		
DOCUMENT NUMB	BER: P16000040429			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	DIANA BLASCHZYK			
-		Name of Contact Person	n	
	THOMAS W. HILL & COM	PANY, CPA, PA		
-		Firm/ Company		
:	804 NICHOLAS PKWY EA	ST, STE 1		
•				
ı				
-		City/ State and Zip Cod	е	
	DIANA@HILLCOCPA.COI	M		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, plea	su pall:		
Tor future information	r concerning this matter, prea	se can.		
THOMAS W. HILL		at ( <sup>239</sup>	_) 549-2444 de & Daytime Telephone Number	^2
Name of Contact Person		Area Co	de & Daytime Telephone Number	SEC
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	1
■ \$35 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)	SECRETARY OF STATE SECRETARY OF STATE
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

BLUE OCEAN BREEZE INC.

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P16000040429	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
N/A	The new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	N/A
	···
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
<ol> <li>If amending the registered agent and/or registered offi new registered agent and/or the new registered office a</li> </ol>	
Name of New Registered Agent	<del></del>
Name by New Registered Agent	
	lorida street address)
New Registered Office Address:	, Florida ALE 3
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	※ <u>9</u> 署
New Registered Agent's Signature, if changing Registered	d Agent:  miliar with and accept the obligations of the position. 73 3
hereby accept the appointment as registered agent. I am fa	d Agent:    Magent:   Committee   Committe
Signature of	f 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:	ve, una sa	ny Smin, St as an Ada.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) XX Change	<u>p</u>	BURCHARDI, ARMIN	4420 SW 24TH AVENUE
Add			CAPE CORAL, FL 33914
Remove			
2) XX Change	VP	ARNDT, SYLVIA	4420 SW 24TH AVENUE
Add			CAPE CORAL, FL 33914
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			F
6) Change	····	<del>.</del>	
Add			
Remove			717

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If amending or adding additional Articles, et (Attach additional sheets, if necessary). (Be s	specific)					
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If an amendment provides for an exchange,	reclassification or cane	ollatian of icenad char	14°			
provisions for implementing the amendmen	it if not contained in the	amendment itself:		45	<u>~</u>	
(if not applicable, indicate N/A)				TAL TAL	123	
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•	) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file de	
	(no more than 90 days after amendment file d	ite)
<b>Note:</b> If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirem Department of State's records.	ients, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follofor each voting group entitled to vote separately on the amenda	
"The number of votes e	ast for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
05/02/20 Dated	21 , 0 -	
Signature	Dune	
sele	a director, president or other officer – if directors or officers ha cted, by an incorporator – if in the hands of a receiver, trustee, ointed fiduciary by that fiduciary)	
	ARMIN BURCHARDI	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	

2023 HAY 19 PM 1: 35 SECRETARY OF STATE TALLAHASSEE, FL