# P160000 46095

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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DANIA OFFSHORE MARINE STORAGE, INC. DOCUMENT NUMBER: P16000046095 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KEITH DUNCAN Name of Contact Person Firm/ Company 90 N. BRYAN ROAD Address DANIA BEACH, FL 33004 City/ State and Zip Code duncankeith 112@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 274-2930 Area Code & Daytime Telephone Number **KEITH DUNCAN** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 343.75 Filing Fee & \$52.50.Filing Fee ☐\$43.75 Filing Fee & □ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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

DANIA OFFSHORE MARINE STORAGE, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P16000046095	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	20
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	SSC: P
(Mailing address MAY BE A POST OFFICE BOX)	
	FEE 24
D. If amending the registered agent and/or registered office ac	
new registered agent and/or the new registered office address	ess:
Name of New Registered Agent	
	<u>.</u>
(Florida	street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familio	и wun and ассері іне оонданонь ој те рохиюн.
Signature of Nev	v 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 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>	Address
I) Change	P/TD	BARRY GERTZ	90 N. BRYAN RD
Add X Remove			DANIA BEACH, FL 33004
2) Change	PTD	KEITH DUNCAN	90 N. BRYAN RD
X Add			DANIA BEACH , FL 33004
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change			····
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or addin (Attach additional shee	ets, if necessary).	(Be specific)				
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F. If an amendment pro	ovides for an exc	hange, reclassific	cation, or cancel	lation of issued s	sh <u>ares,</u>	
provisions for imple (if not applicable	menting the ame, indicate N/A)	endment if not co	ontained in the a	<u>mendment itself</u>	<u>.</u>	
CHANGE OF CONTRO	LLING PERSON	TO KIETH DU	NCAN			
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	DECEMBER 24, 2018	
The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will repartment of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DECEMB Dated	ER 24, 2018	
Signature 5	ary Dert	-
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	BARRY GERTZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>

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