## P16000086115

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ADVENTURER'S	GUIDE, INC.		
DOCUMENT NUM	BER: P16000086115			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	NORMA JEAN DOWD			
		Name of Contact Person	1	
	INTOUCH BUSINESS SERVICES CORPORATION			
		Firm/ Company		
	39146 OTIS ALLEN ROAD			
		Address	···	
	ZEPHYRHILLS FL 33540-3	078		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code		
	JEAN.DOWD@INTOUCHE	NUSINESSSERVICES CO	M	
	_	sed for future annual report		
For further informatio	on concerning this matter, plea		313-3162	
Name of Contact Person		Area Co	313-3162 de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made			
■ \$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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Tallahassee, Fl. 32314		2415 N	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)  Ploto00086115  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:  The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co." or professional corporation name must contain the word "chartered." "professional sociation," or it he abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  D. If amending the registered agent and/or registered office address:  [Mailing address MAY BE A POST OFFICE BOX]  Name of New Registered Agent  INTOUCH BUSINESS SERVICES CORPORATION  39146 OTIS ALLEN ROAD A 3%  (Florida street address)  New Registered Office Address:  [City]  New Registered Agent's Signature, if changing Registered Agent:  [I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ADVENTURER'S GUIDE, INC.			
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered." "professional sosociation." or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  INTOUCH BUSINESS SERVICES CORPORATION  39146 OTIS ALLEN ROAD A Now Registered Office Address:  (City)  Florida 33540-3078  (City)  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.	(Name	of Corporation as currentl	y filed with the Florida Dept. of	(State)
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39146 OTIS ALLEN ROAD   A   A   A   A   A   A   A   A   A				
New Registered Office Address:    City   33540-3078	<u>Name of New Registerea Agent</u>	39146 OTIS ALLEN ROA	IJS # Œ	
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(City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Now Registered Office Address:	ZEPHYRHILLS	ជ	33540-3078
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Signature of New Registered Agent, if changing			· ···· and accept the oving according	, and position.
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Signature of New Registered Agent, if changing		(orna fran	Virual	
		Signature of New R	egistered 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 <math>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>arne</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		<del></del>		
Add				
Remove				
4) Change				
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5) Change		_		
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6) Change		_		
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Remove				

	ticles, enter change(s) here: (Be specific)
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	change reclassification or cancellation of issued shares
If an amendment provides for an exclusions for implementing the amendment	and mont if not contained in the amendment itself.
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	iction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	:nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"  (voting group)	
FEBRUARY 26, 2022 Dated	
Signature Man Jean Dourd	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c	
appointed fiduciary by that fiduciary)	oun
NORMA JEAN DOWD	
(Typed or printed name of person signing)	
CORPORATE SECRETARY	

(Title of person signing)