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Amend

AUG 16 2017 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Key	West Screaming Lines Chapters, Inc
DOCUMENT NUMBER: P1700	West Screaming Lines Charters, Inc
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Tonu Es	Teno2
	Name of Contact Person
	Firm/ Company
17 AMARY	Address ST F 33040 City/ State and Zip Code
	Address
10 ey 62e	ST F/ 3304/2
-	City/ State and Zip Code
Tonyesten	to be used for future annual report notification)
Æ-mail address: (to be used for future annual report notification)
For further information concerning this matter	r. please cali:
Tomi Estenoz	au 305 1 7975/38
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee	· ·
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corperations	Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Key West Sco	eaming Lines Chapter	Tor	
(Name of Corpo	oration as currently filed with the Florida Dept. of State		
PITOPOSC	754	J	
(Do	ocument Number of Corporation (if known)		
	,		
Pursuant to the provisions of section 507,1006. Florits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the f	following amen	idment(s) to
A. If amending name, enter the new name of th	e corporation:		
		The	new
name must be distinguishable and contain the various "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or contains the second contains the se	word "corporation." "company," or "incorporated" or orp," "Inc," or "Co". A professional corporation name the abbreviation "P.A."	r the abbrevia e must contain	ition the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	able: 4DDRESS)	<u> </u>	_
C P		21 AL	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROX)	75 A	 .
		हैं है	- <u> </u>
			- !
			_ [T]
D. If amending the registered agent and/or registered agent and/or tl. new registered	stered office address in Florida, enter the name of the red office address:	デー 55 第二 55 第二 57	D
Name of New Registered Agent		>~ ~	
			
	(Florida street address)		
New Registered Office Address:	, Florida		
	(City)	(Zsp Code)	_
New Registered Agent's Signature, if changing R	Devictor al A		
I hereby accept the appointment as registered agent	xegistered Agent: it. I am familiar with and accept the obligations of the pos	Sition.	
-	ignature of New Registered Agent, if changing	_	
St	Enamer of trew negimeren 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)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u> P	Sein williams	18 Blue water D. Key, West, FL
X Add			key, hest, FL
Remove			33040
2) Change			<u> </u>
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			4
5) Change			
Add			•
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessity		enter change specific)	<u>-</u>			
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					72	
					- 	
						·
an amendment provides for provisions for implementing (if not applicable, indicate	the amendme	, reclassifica ent if not con	tion, or cancel tained in the a	lation of issue mendment its	d shares, self:	

The date of each amendment(s) adoption: 6/4/2017
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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Duted 8/4/16/7
Signature (By a director, president or other officer – if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
ANTONIO ESTENOZIA (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRES
(Title of person signing)