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Amr.)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	THE OFFSHORE	GROUPINC.	
DOCUMENT NUME	P17000065689 BER:		
The enclosed Articles	of Amendment and fee are st	abmitted for tiling.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Mary V McNabb		
	Offshore Group inc	Name of Contact Perso	on .
	111 Alano , ,,}	Firm/ Company	
	DeBary H 32713	Address	
		City/ State and Zip Cod	ie
offshe	regroupinc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mary v McNabb		407 at (402 6599
Name o	f Contact Person		ode & Daytime Telephone Number
linclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
Ame Divis P.O.	ing Address odment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

THE OFFSHORE GROUP INC.

(Name of Corporation	on as currently filed with the F	lorida Dept. of State)
P17000065689		
(Docum	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Con	rporation adopts the following amendment(s
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the o	" "Inc," or "Co". A professio	
B. Enter new principal office address, if applicables		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	- III
		<u> </u>
D. K	- 1 - 65° 1 1 1 1 1	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the n		ter the name of the
Name of Name Projector of Account		
Name of New Registered Agent		
	(Florida street address)	
	(* **** **** **************************	
New Registered Office Address:	(City)	, Florida (Zip Code)
	.,,	(24, 2)
New Registered Agent's Signature, if changing Regi		10 2 77 2
I hereby accept the appointment as registered agent.	t am familiar with and accept the	obligations of the position.
Signa	iture of New Registered Agent, ij	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)

Example:

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.

X_Change	PT John D	000	
X Remove	V	olicz	
<u>X</u> Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l)Change	CEO	MICHAEL J MCNABB	111 Alano Rd Debary FL32713
X Add			
Remove			
2)Change			
Add			
Remove			
3)Change			
Add			
Кепюче			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	lding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
provisions for in	provides for an exchange, reclassification, or cancellation of issued shares, applementing the amendment if not contained in the amendment itself: wable, indicate N/A)
MENDING MICH	AELJ MCNABB AS CEO TO "THE OFFSHORE GROUP INC" AS A 10% SHARE HOLDER
IARY V MCNABB	/ PRESIDENT OF "THE OFFSHORE GROUP INC" WILL HOLD 90% SHARES
	
	

The date of each amendmen		, if other than the
date this document was signe	ed. 10/09/2018	
Effective date <u>if applicable</u> :		
meetive date <u>in appricable</u> .	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, to the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	were adopted by the shareholders. The number of votes east for the amendawere sufficient for approval.	ment(s)
	were approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s.	
"The number of vot	es east for the amendment(s) was/were sufficient for approval	
by	··································	
	(voting group)	
☐ The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder.	cholder
The amendment(s) was/w action was not required.	vere adopted by the incorporators without shareholder action and sharehold	der
10/8	3/2018	
Dated	· · · · · · · · · · · · · · · · · · ·	
Signature	MARY V MCNABB	
	(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
	MARY V MCNABB	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·······