P17000071605

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _ FLORIDA ADVENTURER INC DOCUMENT NUMBER: P17000071605 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSH MYERS Name of Contact Person FLORIDA ADVENTURER INC Firm/ Company 1270 N WICKHAM RD, SUITE 16 #505 Address MELBOURNE, FL 32935 City/ State and Zip Code PSYCHSHULL@AOL.OM ø E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUDITH HENDERSON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA ADVENTURER INC

(Name of Corporation as curre	ently filed with the Florida Dept, of State)
P17000071605	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	202
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2 .
	52. 5
	Mc → M
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maning address Marine British Marine British	——————————————————————————————————————
	<u></u>
	,
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	<u>ress:</u>
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
8	(City) (Esp Code)
New Registered Agent's Signature, if changing Registered Ag	ent·
I hereby accept the appointment as registered agent. I am famili	
•	
Signature of New	w 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: 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) Change	P	STEPHANIE GREENE		
Add X Remove				
2) Change	P 	NICK PINELLI	220 ELLWOOD AVE	
XAdd			SATELLITE BEACH, FL 32937	
Remove Change				
Add				
Remove			2022	
4) Change			≥; ← —	
Add			ASSEE, P	
Remove				
5) Change		_	GR. 0. 19	
Add			9	
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter changes (Attach additional sheets, if necessary). (Be specific)	<u> </u>
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0	FLORIDA
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If an amendment provides for an exchange, reclassificat	ion, or cancellation of issued shares.
provisions for implementing the amendment if not cont	tained in the amendment itself:
(if not applicable, indicate N/A)	
	-
···	
_	
a	

date this documer	it was signed.			
Effective date <u>if</u>	applicable:			
	(no more	than 90 days after amendment file date)		
	inserted in this block does not meet the tive date on the Department of State's rec		s, this date will no	ot be listed as the
Adoption of Am	endment(s) (CHECK ON	<u>E</u>)		
☐ The amendme action was not	nt(s) was/were adopted by the incorporat required.	ors, or board of directors without shareho	older action and sha	areholder
	nt(s) was/were adopted by the shareholde olders was/were sufficient for approval.	ers. The number of votes east for the amo	endment(s)	
must be separ	nt(s) was/were approved by the sharehole ately provided for each voting group entimber of votes cast for the amendment(s)	itled to vote separately on the amendmen was/were sufficient for approval	JUL -5	
by	(voting group)	·"	AM 8: 19 E.FLORIOS	
	JUNE 29. 2022 Dated		19 RIDA	
	•	ner officer – if directors or officers have r if in the hands of a receiver, trustee, or o		
	(Typed or p	printed name of person signing)		
	VPST STOCKHOU	DED		

(Title of person signing)