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FILED STATE
SECRETARY OF STATE
BIVISION OF CORPORATIONS

MAY 30 2018

COVER LETTER

SECRETARY OF STATE OF CORPORATION 2018 MAY 25 AM 11: 02

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SHIPWRECK RUM, INC.						
OCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filling.						
Please return all correspondence concerning this matter to the following:						
JOHN K. KILE Name of Contact Person						
Name of Contact Person						
SHIPWRECK RUM, INC.						
Firm/ Company						
6230 HABERSHAM DRIVE						
Address						
KERNERSUILLE, N.C. 27284 City/ State and Zip Code						
City/ State and Zip Code						
SHIPWRECKRUM, 2015@GMAIL, COM. E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Contact Person at (864) 985-8760 Area Code & Daytime Telephone Number						
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:						
S35 Filing Fee Scrifficate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Scriffied Copy (Additional Copy 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



	Articles of Incorporation			DIAISION OF CO	, -
<i>ح</i>	PWRECK	P	laic	2018 MAY 25	AH 11: 82
	poration as currently	filed with the	Florida De		
PI	70005	2122	a _	_	
	Document Number of	Corporation (i	(known)	-	
rsuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this I	Florida Profit (Corporation	adopts the follow	ing amendment
If amending name, enter the new name of	f the corporation:				
3 5	STERS RU	NI.MC	C,		The new
ume must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	he word "corporation "Corp," "Inc," or "C	i," "company. Co". A profes.	" or "incor		
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>					
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)					
	 -				
If amending the registered agent and/or rew registered agent and/or the new regi			ente <u>r the n</u>	ame of the	
Name of New Registered Agent					
	(Florida str	ort authorizati			
	TE TOTALL ME	et (tuaress)			
New Registered Office Address:		(City)	·	, Florida	n Code)
		(~~,	, coacy
ew Registered Agent's Signature, if changi					
acreby accept the appointment as registered a	igent. – Lam familiar w	rith and accept	the obligati	ons of the position	
					_
	Signature of New R	egistered Ageni	, if changin	K	

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 De	<u>oc</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3.) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5 (1)				
51 Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>additional sh</i>	eets, if necessary). (Be	? specific)			
					
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provisions for imp	rovides for an exchange lementing the amendme de, indicate N/A)	e, reclassification, ent if not containe	or cancellation of i	ssued shares, of itself:	
					
					<u>-</u>
					
	- "		·····		

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 requirement document's effective date on the Department of State's records.	is, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east 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 s action was not required.	hareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Dated 5-22-2018	
Signature	
(By a director, president or other officer – if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	other court
JOHN K, KILE	
(Typed or printed name of person signing)	
Parking Tomasia	-
TRESIDENT, TREASURI	
/	