## P17000054354

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: OCEAN DIVE INSUCCIOCE IV	( (
DOCUMENT NUMBER: <u>P17000084354</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John W Boyer	
John W Boyl (PA PA	
3300 P6A BIVD Stc 625	
Palm Bch Grans F2 33410 City/State and Zip Code	
John D John W boyer cpa. Com E-mail address: (to be used for future annual report notification)	$\gamma$
For further information concerning this matter, please call:	
John W Baje. at (561), 622-1974  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  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

## Articles of Amendment to

## Articles of Incorporation

nf

D(ean Bli	ue Inswance Inc.
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P1700	00084354
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607-1006. Florida Sta	atutes, this Florida Profit Corporation adopts the following amendment(s) to
its Articles of Incorporation:	and construction of the conformation and place to the construction of the conformation
A. If amending name, enter the new name of the corpo	oration:
	oration," "company," or "incorporated" or the abbreviation Torp., r "Co". A professional corporation name must contain to word tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WA
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	WA
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	NA
Signature	ce of New 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> <u>John l</u>	Doe	
X Remove			
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VP</u>	Gia Sweeney	3300 PBA Blvd Ste Palm Bch Grdus, 62
Add		,	Palm Bch Grdus
Remove	. 0		<u> </u>
2) Change	<u>vP</u>	AllisonBiggins	72 33 410 3300 PGA Blud SIC Palm Beh Gras 625
Add		_	Palm Beh Grans 623
Remove Change			
Add			
Remove			<del></del>
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional she	ets, if necesso	d Articles, enter c ary). (Be specific	:)			
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in amendment pr	ovides for an	exchange, reclas	sification, or ca	ncellation of is:	sued shares,	
if not applicabl	e, indicate N	e amendment if no	t contained in t	ine amendmeni	itseii:	
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		NIA				
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The date of each amendment(s) ad	option:	, it other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment)	file date)
<b>Note:</b> If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for fficient for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast (	for the amendment(s) was/were sufficient for approval	I
bv		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Dated	111122	
Signature C	Folingran	
(By a di	rector, president or other officer - if directors or office	
	, by an incorporator – if in the hands of a receiver, true ed fiduciary by that fiduciary)	stee, or other court
аррони	_	_
	John W Boye	
•	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	