## P18000015779

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: SPOTS Safety Fins Inc.				
DOCUMENT NUMBER: P180000 15 779				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Nina C. Plakeman Name of Contact Person				
Spots Safety Fins Inc.				
535 Hampton Rd.				
WEST PAIM BEACH, F1. 33405 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Carroll V. Blakeman at (561) 889-6800  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  Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

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## Articles of Amendment

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Articles	of Incorporation
S + S C	of
- pois ratety	tins, Inc.
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
<u> </u>	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office	a address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	Florida
Hew Registered Office Address.	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
St	N Paris I A I G.L.
Signature of I	New Registered 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.

X Change	<u>PT John I</u>	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Louis V. R.	aley 535 Hampton Rd
Add Remove			aley 535 Hampton Rd. WEST PAIM BEACH, Fl. 33405
2) Change	<u> P</u>	Nina C. Blak	_
Add			West PalmBeach, f
Remove 3)Change	YP	Nina C.Blak	eman 535 Hampton Rel
Add Remove			WEST PAIM Beach, F1 33405
4) Change	VP	Carroll V. Bl	Akemen 535 Hamptonko
Add Remove			West Palm Beach 33405 Fl.
5) Change	Sec	Louis Rale	4 3469 WEST Boynton
Add Remove			Boynton Beach, FI.
6) Change			33434
Add			
Remove			

	sheets, if necessary,	rticles, enter chang ).    (Be specific)			
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an amendment j	<u>provides for an exc</u>	change, reclassifica nendment if not con	tion, or cancellati	ion of issued sha	res,
(if not applied	piementing the am ible, indicate N/A)	ienament if not con	itained in the ame	nament itself:	
(i) not applica	ore, marcare WA)	x 1/1			
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The date of each amendment(s) adoption: April 23, 2018	_, if other than the
date this document was signed.	
Effective date if applicable: April 23, 2018  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	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) 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)	
(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.	
Dated 4-24-18	
Signature X Vina C. Blakeman	_
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)	
NINA C. Blakeman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	