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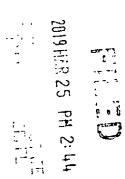
(Re	equestor's Name)	
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R. WHITE APR 0.3 2013

COVER LETTER

TO: Amendment Section Division of Corporations	 5		•
NAME OF CORPORATIO			and Fish Dip Corp.
DOCUMENT NUMBER: _	900 324	952299	·
The enclosed Articles of Ame	endment and fee are sub	mitted for filing.	
Please return all corresponder	nce concerning this matt	er to the following:	
	Chindre	Name of Contact Person	~ // ~ ~
	Danny	Se. 5 Smak Firm/ Company	ed Fish D. P Cert
	17100 6	Aceia St	N.E.
	PAlm BAG.	Address F 3 2 9 City/ State and Zip Code	107
	/	City/ State and Zip Code	
3	mail address: (to be use	t3 0 0 N ed for future almuell report	
For further information conce	erning this matter, please	e call:	
Clinda C	Hatsiele) at (321	507-5833
Name of Cont	act Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florida Depa	ertment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	nt Section F Corporations	Amend Divisio	Address ment Section on of Corporations
P.O. Box 6	321	Clitton	Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) 90032495229 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) Florida New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of 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:

 $P = President; \ \widetilde{V} = Vice \ President; \ \widetilde{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief$ 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: <u>X</u> 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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
() Chaman			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
Charan			
6) Change			
Add			
Remove			

	amending or adding additional Articutach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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provisions for implementing the amendment if not contained in the containe		about a reclassification or cancellation of issued shares,
(if not applicable, indicate N/A)	If an amendment provides for an ex-	nendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
	(i) not approve	
		 -

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
☐ 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
Signature (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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
Pres.
(Title of person signing)