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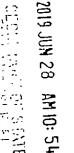
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### **COVER LETTER**

SFALIFE KAYAK, INC. NAME OF CORPORATION: DOCUMENT NUMBER: <u>P19000028747</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

SEA LIFE KAYAIL, INC between
12411 45th Ave Firm/Company

PD BOX 232 Po Box 232
Address CORTEZ FL 34215
City/State and Zin Code For further information concerning this matter, please call; homas Mc far and at (941) 400 - 2740

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 ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

### Mailing Address

TO: Amendment Section

Division of Corporations

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

is enclosed)

# Articles of Amendment to

## Articles of Incorporation

of

SEALIFE KAY	AK, INC.	
(Name of Corporation as currently for	iled with the Florida Dept. of State)	
P190000 2	8747	
(Document Number of Co		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
SEA LIFE KAY	'AK. /NC.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.)	"company," or "incorporated" or the abov A professional corporation name must c	bbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	/V/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A STATES	2019 JUN 28 AN 10: 5
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	<del></del>
Name of New Registered Agent	<u>A</u>	
New Registered Office Address: (Ci	Florida	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.	
N/A	4	
Signature of New Regi	istered 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.

Example: $\underline{X}$ Change $\underline{P}$		John Doc	
$\underline{X}$ Remove $\underline{V}$	· ·	Mike Jones	
<u>X</u> Add <u>S</u>	<u>V</u>	Sally Smith	
Type of Action [1] (Check One)	<u> itle</u>	Name .	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
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3) Change			
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Remove			
5) Change			
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attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
4	
	hange, reclassification, or cancellation of issued shares,
an amendment provides for an exch	A
provisions for implementing the ame	endment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the amed (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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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 requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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):	ı
"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 6/26/9	
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)	<u>.</u>
Thomas Mc Farlo (Typed or printed name of person signing)	ind_
Owner/Presid	lent
(Title of person signing)	