## P19000 048 396

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## COVER LETTER

INC.

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR                         | ATION: <u>AMERICAN</u>                      | BOATUFT SERVI   | ICE AND REHAIR COMPANY   |  |
|--|---|---|--|--|
| DOCUMENT NUMB                          | er: <u>P190000</u>                          | 48396   |  |  |
| The enclosed Articles of               | of Amendment and fee are su                 | bmitted for filing.   |  |  |
| Please return all corres               | pondence concerning this ma                 | tter to the following:  |  |  |
| -                                      | DIANA BLASE                                 | Name of Contact Perso   | <u> </u>   |  |
| -                                      | THOMAS W. HIL                               | LAND OMPANY Firm/ Company   | UC   |  |
| -                                      | 804 NICHOLAS                                | PKWY E STE  |  |  |
| _                                      | CAPE CORAL,                                 | FL 33990<br>City/ State and Zip Cod   |  |  |
|  | `   | City/ State and Zip Cod   | e e  |  |
|  | DBUASCHEYK@<br>E-mail address: (to be us    | D HILL CO CPA. sed for future annual report                                 | notification)  |  |
| For further information                | concerning this matter, pleas               | se call:  | ;<br>;   |  |
| THOMAS W                               |   | at ( 239  | , 549-2444   |  |
| Name o                                 | f Contact Person                            | Area Co   | de & Daytime Telephone Number  |  |
| Enclosed is a check for                | the following amount made                   | payable to the Florida Depa   | artment of State:  |  |
| S35 Filing Fee                         | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address Amendment Section      |   | Street Address Amendment Section  |  |  |
| Division of Corporations               |   | Division of Corporations  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   | Clifton Building 2661 Executive Center Circle                               |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently  | filed with the Florida Dept. of State)        | <u>.                                    </u> |  |  |
|--|---|--|--|--|
| P 1900004  | 8396  |  |  |  |
| (Document Number of C  |   |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this $F_0$ its Articles of Incorporation:  | orida Profit Corporation adopts the follow    | ring amendment(s)                            |  |  |
| A. If amending name, enter the new name of the corporation:  |   |  |  |  |
| N A  |   | Thenew                                       |  |  |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P | o". A professional corporation name mu        | abbreviation<br>st contain the               |  |  |
| B. Enter new principal office address, if applicable:  | 804 NICHOLAS PLWY E, STE 1                    |  |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | CAPE CORAL, FL 33991                          | -  |  |  |
| C. Enter new mailing address, if applicable:   |   |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | NA  |  |  |  |
|  |   | G Tom  |  |  |
|  |   | E 25-  |  |  |
| D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:  | ss in Florida, enter the name of the          | CORFORATION<br>26 PHIZ: 10                   |  |  |
| Name of New Registered Agent   | NIA   | 2: 1   |  |  |
|  |   | D 10 Kg                                      |  |  |
| tFlorida stree   | t address)                                    |  |  |  |
| New Registered Office Address:   | , Florida                                     |  |  |  |
| (0   | Tayy (Z                                       | ip Code)                                     |  |  |
|  |   |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi  | th and accept the obligations of the position | n.   |  |  |
|  |   |  |  |  |
| Signature of New Re  | gistered 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 = ChiefExecutive 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: XChange              | <u>PT</u> <u>Je</u> | ohn Doe        |                      |  |  |  |
|-------------------------------|---------------------|----------------|----------------------|--|--|--|
| X Remove                      | <u>V</u> <u>M</u>   | Mike Jones     |                      |  |  |  |
| <u>X</u> Add                  | <u>SV</u> <u>S:</u> | SV Sally Smith |                      |  |  |  |
| Type of Action<br>(Check One) | Title               | Name           | Address              |  |  |  |
| 1) Change                     | _VP_                | TOLLES, DENNIS | 3837 SE THE AVENUE   |  |  |  |
| Add                           |                     |                | CAPE CORAL, FL 33901 |  |  |  |
| .X_ Remove                    |                     |                |                      |  |  |  |
| 2) Change                     |                     |                |                      |  |  |  |
| Add                           |                     |                |                      |  |  |  |
| Remove                        |                     |                |                      |  |  |  |
| 3 + Change                    |                     |                |                      |  |  |  |
| Add                           |                     |                |                      |  |  |  |
| Remove                        |                     |                |                      |  |  |  |
| 4) Change                     |                     |                |                      |  |  |  |
| Add                           |                     |                |                      |  |  |  |
| Remove                        |                     |                |                      |  |  |  |
| 51 Change                     |                     |                |                      |  |  |  |
| Add                           |                     |                |                      |  |  |  |
| Remove                        |                     |                |                      |  |  |  |
| 6) Change                     |                     |                |                      |  |  |  |
| Add                           |                     |                |                      |  |  |  |
| Remove                        |                     |                |                      |  |  |  |

| Attach additional sh | ng additional Artivets, if necessary). | (Be specific)         | nere.                |                                       |               |
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|                      |  |                       |                      |                                       |               |
| f an amendment pr    | ovides for an exch                     | ange, reclassificatio | n, or cancellation o | f issued shares.                      |               |
| (if not applicab     | ementing the amed<br>le, indicate N/A) | ndment if not contai  | ned in the amendu    | ient itself:                          |               |
| , ,,                 |  |                       |                      |                                       |               |
|                      |  |                       |                      |                                       |               |
|                      |  | ···•                  |                      | · · · · · · · · · · · · · · · · · · · | <del></del>   |
|                      |  |                       |                      |                                       |               |
|                      |  | alle                  |                      |                                       | . —           |
|                      | ····                                   | NA                    |                      |                                       |               |
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|                      |  |                       |                      |                                       |               |
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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 vidocument's effective date on the Department of State's records.                           | vill not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                           |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 jollowing 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.   |                           |
| 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  |                           |
| MICHAEL P. MCCARTNEY   |                           |
| (Typed or printed name of person signing)  |                           |
| PRESIDENT  |                           |
| (Title of person signing)  |                           |