## P19000054629

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NA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

NAME OF CORP	ORATION: REEF TO ROCKS	TRAVEL CORPORATIO	N
	MBER: P19000054629		····
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	BARBARA JOSEFYK		
		Name of Contact Person	1
	REEF TO ROCKS TRAVEL	CORPORATION	
		Firm/ Company	
	11670 153RD CT N		
		Address	
	JUPITER FL 33478		
		City/ State and Zip Code	<u> </u>
	BABSJOSEFYK@GMAIL.C	COM	
	•	sed for future annual report	notification)
For further informa	ition concerning this matter, pleas	se call:at (	351-9708
Nar	ne of 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	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
- A C F	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

REEF TO ROCKS TRAVEL CORPORATION

(Name of Corporation as c	currently filed with the Florid	a Dant of State)
P19000054629	artenery med with the Plotto	a Dept. of State)
(Document Nu	ımber of Corporation (if know	1)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corpora	ation adopts the following amendment(s)
A. If amending name, enter the new name of the corporate	tion:	
		The _new
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "( "chartered," "professional association," or the abbreviation	Co". A professional corpora	rated" or the abbreviation "Corn "
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>	()	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
<ol> <li>If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a</li> </ol>	ce address in Florida, enter t	he name of the
	address:	
Name of New Registered Agent		
(Flo	orida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
low Designand Amena's City		7 - 19
iew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far	Agent: miliar with and accept the oblid	rations of the position
	and docept me dong	the state of the production of the state of
		1,176 <b>(7)</b>
		'# 집'
Signature of	New Registered Agent, if chan	
heck if applicable		649
The amendment(s) is/are being filed pursuant to s. 607.012	0 (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)

Example:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
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>	<u>Addres</u> s
1) Change	P	BARBARA JOSEFYK	11670 153RD CT N
X Add			JUPITER FL 33478
Remove			
2) Change	VP ———	JEFFREY JOSEFYK	11670 153RD CT N
X Add			JUPITER FL 33478
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamoue			

Attach additional sh	ing additional Arti eets, if necessary).	(Be specific)			
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f an amendment pr	ovides for an exch	ange, reclassific	ation, or cancell:	ition of issued sh	ares.
<u>provisions for impl</u>	ementing the amer	ndment if not co	ntained in the ar	nendment itself:	<del></del>
(if not applicable	e, maicaie N/A)				
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	doption:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
bv	· ·
	(voting group)
04/02/2021 Dated Signature	Wistoner. Mill
(By a-d selecte	rector, president of other officer – if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	BARBARA JOSEFYK
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)