P190000 76433





500338264185

01/15/20--01016--010 ++35.00

10. ... 15 FT 2:5h

R. WHITE. FEB 11 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: BLACK BEARD'S	COVE INC	
DOCUMENT NUMBER:	P19000076433		
The enclosed Articles of Art	nendment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
Marc	Joseph Bonfiglio		
		Name of Contact Persor	1
.	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
6375	High Ridge Rd		
		Address	
Lake	Worth, FL 33462		
		City/ State and Zip Code	2
nbonfiglio	93@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information con-	cerning this matter, pleas	se call:	
Marc Bonfiglio		at (644-0724
Name 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:
■ \$35 Filing Fee [□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division of P.O. Box	ent Section of Corporations	Amend Divisio The Co	Address Iment Section In of Corporations In of Tallahassee In Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Black Beards Cove Inc. (Name of Corporation as currently filed with the Florida Dept. of State P19000076433 (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: _ (City) (Zip Code) 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; 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: X Change	PT	John Doe		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	Michael Markman	1 ALBERT'S AVE	
Add			Sicklerville, NJ 08081	
X Remove				
2) Change				
Add				
Remove Change		·		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			 	
6) Change				
Add			 	
Remove				
Page 2 of 4				
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				

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)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es east for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u> </u>	(voting group)
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required. Dated Signature(I s	By a director, president or other officer – if directors or officers have not been delected, 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)
	President
	(Title of person signing)