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COVER LETTER

): Amendment Section Division of Corporations

AME OF CORPORATION: BEAC	НВИМСНА	ARTERS INC		
OCUMENT NUMBER: P19000083				
he enclosed Articles of Amendment a	nd fee are su	bmitted for filing.		
Please return all correspondence concer	ming this ma	tter to the following:		
Bruce A Thacke	er Sr			
		Name of Contact Person	1	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
box 18034				
		Address		
Panama City Bea	ach Fl. 32411	7		
		City/ State and Zip Cod	e	
beachbumchartersinc@	gmail.com			
E-mail addr	ess: (to be us	sed for future annual report	notification)	
For further information concerning this	matter, pleas	se call:		
Bruce A Thacker Sr		at (_850	814-4293 de & Daytime Telephone Number	
Name of Contact Person	1	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following a	mount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee \$43.75 Filing Fee Certificate	iling Fee & e 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

ACHBUMCHARTERS INC		· · · · · · · · · · · · · · · · · · ·	
9000083782	n as currently filed with the Flor	ida Dept. of State)	
	ent Number of Corporation (if known	wn)	<u> </u>
rsuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	·		wing amendment(
If amending name, enter the new name of the cor	rporation:		
EACH BUM CHARTERS INC.			The new
me must be distinguishable and contain the word "cornc.," or Co.," or the designation "Corp," "Inc," hartered," "professional association," or the abbrev	or "Co". A professional corpo		iation "Corp.,"
Enter new principal office address, if applicable:			
rincipal office address <u>MUST BE A STREET ADD</u> I			·
			<u> </u>
		<u> </u>	<u> </u>
Enter new mailing address, if applicable:		ે	3
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		· · · · · · · · · · · · · · · · · · ·
		•	- =
		·	-
			2
If amending the registered agent and/or registere	ed office address in Florida, enter	r the name of the	
new registered agent and/or the new registered o	ffice address:		
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·	(Florida street address)		
New Registered Office Address:		, Florida	
New Registerea Office Address.	(City)		Zip Code)
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		bligations of the positi	OM.
er coy accept the approximent as registered agent. 1	ит јиници въп ини иссерсте од	меровий ој те ровий	
Signat	ture of New Registered Agent, if ch	anging	

mending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and lress of each Officer and/or Director being added:

'ach additional sheets, if necessary)

ase note the officer/director title by the first letter of the office title:

President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustec; C = Chairman or Clerk; CEO = Chief scutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. sident. Treasurer, Director would be PTD.

anges 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 hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, ke Jones, V as Remove, and Sally Smith, SV as an Add.

:ample: <u>C</u> Change	<u>PT</u>	John <u>De</u>	<u>oe</u>	
∑ Remove	<u>V</u>	Mike Jo	ne <u>s</u>	
<u>⊀</u> Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
vpc of Action Theck One)	Title		<u>Name</u>	Address
) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
		_		
Add				
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4) Change		_		
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5) Change		_	<u></u>	
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Remove				
റെ Change		_		
Add				
Remove				
			Page 2 of 4	
E. If amending or addin (Attach additional shee	g addition	onal Arti essary).	cles, enter change(s) here:	

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If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not conta (if not applicable, indicate N/A)	ined in the amendment itself:
Page	3 of 4
· ·	
The date of each amendment(s) adoption:	, if other than t
late this document was signed.	, , , , , , , , , , , , , , , , , , , ,
Effective date if applicable:	
(no more than	90 days after amendment file date)
(no more titus :	majo mjeto mirotimiroje jeto matoj

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.

option 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):

"T	he number of votes cast for the amendment(s) was/were sufficient for approval
bу	Brogge 91
	(voting group)

(Title of person signing)

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	1-2	8-2	019				
Signature	11		AN	Chr			
(By sele	cted, hy an	incorpor		ie hands of		icers have not trustee, or othe	
		BI	116	/>	Thi	acker	51.
		(Type	ed or printed	name of pe	rson signin	g)	
		Pa	n-17	Min	6 51	Post	