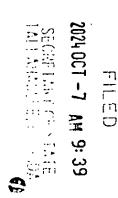
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Office Use Only



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## COVER\_LETTER

TO: Amendment Section

Division of Corporations

SEA ROCK INTERNATIONAL INC NAME OF CORPORATION: DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria C. Moro 302 N Lake Side Dr Lake Worth Blach, FL 33460 City/ State and Zip Code (15tina. Seaglass (6) Smail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( S61) 215-1604 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

to
Articles of Incorporation
of

(Name of Corpora	tion as currently filed wi	th the Florida Dept. of	State)
P200	0000 767	<del>)</del>	
	ument Number of Corpora	•	
·	·		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida P</i>	<i>Profit Corporation</i> adopts	the following amendment(s) to
A. If amending name, enter the new name of the			
name must be distinguishable and contain the word '	W / A	<del>1</del>	The nave
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb  B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A)	c," or "Co". A professi reviation "P.A," ole:	or "incorporated" or the or the oreal corporation name	ne abbreviation "Corp.," must contain the word
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3 <i>0X</i> )	N/A:	FILE 2024 OCT +7 SECRETATOR FAILARIAS
D. If amending the registered agent and/or regist	turnd office address in El	1 : : : :	9 39
new registered agent and/or the new registere	d office address:	orida, emer the name o	5
Name of New Registered Agent	N/A		<del></del>
			<u>.                                    </u>
	(Florida street addres:	s)	
New Registered Office Address:	N/A		orida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered Agent:  I am familiar with and a	occept the obligations of i	the position.
	N/A		
Sig	nature of New Registered	Agent, if changing	<del></del>
·	•		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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)

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	MORD, GUSTAVOG-	302 N Lakeside Dr Lake Worth Beach, FL33460
Add			Lake Worth Beach, FL 33460
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			<del> </del>
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			<b>1</b>
Remove			
6) Change			
Add			
Remove			

ttach <i>additional</i>	sheets, if necess	eary). (Be specij	fic)			
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<u>provisions for it</u>	nplementing the cable, indicate N	n exchange, recla e amendment if r //A)	not contained i	n the amend	ment itself:	<u>3.</u>
		N/K	<del>]</del>			
				· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,
····	-	14.14				
		<del>.</del>				

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 will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ 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 following 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)	
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)	_
Maria C. Moro	
(Typed or printed name of person signing)	
V.P.	
(Title of person signing)	