## P20000033033

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(Address)		
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(Address)		
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	One Planet Tours In DRATION:	nc.		
DOCUMENT NUM	P20000033033	•		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Tim McGuire			
	One Planet Tours Inc.	Name of Contact Person	1	
	1056 Shale Trail St.	Firm/ Company		
	Address Apopka, FL 32703			
		City/ State and Zip Cod	e	
	tmcguire@oneplanettours.org	;		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Tim McGuire		407 at (	_)	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 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)	
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

One Planet Tours Inc.	
P20000033033	y filed with the Florida Dept. of State)
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: TourOnePlanet Inc.	
name must be distinguishable and contain the word "corporation," "e". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Apopka, FL 32703
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address  Norman McGuire	
Name of New Registered Agent 1056 Shale Trail Street	<u> </u>
	reet address) 32703, Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v  Moman P, M	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

. If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	specific)	<u>⊪€1.€</u> .		
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If an amendment provides for an exchange,	. reclassification	. or cancellation o	f issued shares.	
provisions for implementing the amendme	nt if not contain	ed in the amendn	nent itself:	
(if not applicable, indicate N/A)				
		<u> </u>		
				<del></del>
			<del>.</del>	

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

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	<del></del>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change	_	_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	story filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of of action was not required.	irectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by	.,,
(voting group)	
Dated 12/07/2022	
Signature	12 cm
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Timothy S. McGuire	
(Typed or printed name of p	erson signing)
(Title of person signing)	<u> </u>