P20000 64995

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FILED
2020 AUG 31 PM 3: 18
SECTED AUG 31 PM 3: 18

OCT 1 - 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SOVEREIGN SH	ARKS INC			
DOCUMENT NUME	P20000064005		 _		
The enclosed Articles	of Amendment and fee are si	ubmitted for filing.			
Please return all corres	spondence concerning this ma	atter to the following:			
	CURTIS LUCKETT				
		Name of Contact Perso	n		
		Firm/ Company			
	223 DOLPHIN COVE CT				
	Address BONITA SPRINGS, FL 34134				
	City/ State and Zip Code				
	luckettcl3@gmail.com				
-	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
CURTIS LUCKETT		239 at (
Name of Contact Person			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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOVEREIGN SHARKS INC	
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P20000064995	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc, "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
5 to 10 do 10 d	10 多
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florída
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
and the supposition of the	- san jamina and decept the vonguinas sy the planton.

Signature of New Registered Agent, if changing

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.

Example: X Change PT John Doe X Remove V Mike Jones X Add<u>SV</u> Sally Smith Type of Action Title Address Name (Check One) 1) X Change DIR CURTIS LUCKETT 223 DOLPHIN COVE CT BONITA SPRINGS, FL 34134 ____ Add Remove DIR DANIEL VEGA 223 DOLPHIN COVE CT __ Change BONITA SPRINGS, FL 34134 Add Remove DIR ALEX ZELLOE 3) ____ Change 223 DOLPHIN COVE CT BONITA SPRINGS, FL 34134 __ Add __ Remove PAVEL HÖVHANNISYAN 223 DOLPHIN COVE CT DIR 4) ____ Change BONITA SPRINGS, FL 34134 _ Add __ Remove **CURTIS LUCKETT** 223 DOLPHIN COVE CT TREA 5) Change BONITA SPRINGS, FL 34134 ____ Add X Remove SEC DANIEL VEGA 223 DOLPHIN COVE CT 6) ____ Change BONITA SPRINGS, FL 34134 ____ Add X Remove

	ng or adding additional Ar ditional sheets, if necessary).	(Be specific)	
	<u> </u>		
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			-
<u>f an ame</u>	<u>adment provides for an exc</u>	nange, reclassification, or cancellation of issued shares,	
provision	is for implementing the am	ndment if not contained in the amendment itself:	
(if no	t applicable, indicate N/A)		
			

•

The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	08/26/2020	
	(no more than 90 days after o	amendment file date)
	nis block does not meet the applicable statutor e Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of direct	ctors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of verse sufficient for approval.	votes cast for the amendment(s)
	e approved by the shareholders through voting galfor each voting group entitled to vote separate	
"The number of votes	cast for the amendment(s) was/were sufficient	for approval
by		
·	(voting group)	
Signature (By	6/2020 a director, president or other officer – if direct ected, by an incorporator – if in the hands of a roointed fiduciary by that fiduciary) CURTIS LUCKETT	
	(Typed or printed name of person	on signing)
	(Typed of prince hame of person	on againg,
	DIRECTOR	
	(Title of person signing)	

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