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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037 Phone : (954)532-3842 Fax Number : (954)532-3847

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN OCEANS BEACH WEAR, INC.

	126, 1116,
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

APR 29 2022

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April 27, 2022

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

OCEANS BEACH WEAR, INC 5086 MILLENNIA GREEN DR ORLANDO, FL 32811US

SUBJECT: OCEANS BEACH WEAR, INC

REF: P21000008753

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

You must submit all pages for filing. Page 3-4 is missing. All pages must be submitted in order to file the document.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a PROFIT corporation it must be signed 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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

FAX Aud. #: E22000148814 Letter Number: 222A00009749

RECEIVED

2022 APR 28 PM 1: 00

TO COMPORATION

TO COMPORATION

TO COMPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

04/27/2022 7:14 AM FAX	
	P.0001  *********************************
	Receive job successful.
Job No. Address Nume	6670 850 617 6381
Start Time Call Lengt Sheets Result	

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: OCEANS BEACI	I WEAR, INC	
DOCUMENT NUM	021000000000		
The enclosed Article	s of Amendment and fee are s	ubmitted for filing.	-
Please return all corr	espondence concerning this ma	atter to the following:	
	Paulo Oliveira		
		Name of Contact Perso	n
	Eagle Tax Representation, C		
		Firm/ Company	
	5493 Wiles Road Suite 105		
		Address	<del></del>
	Coconut Creek, Ft., 33073		
		City/ State and Zip Cod	e
	richardoliverbr@live.com		
	U-mail address; (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	532-3842
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a cheek for	or the following amount made		•
\$35 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)
Am Div P.O	iling Address condment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation FILED

2022 APR 28 PM 8: 57

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vontain the word
<del></del> ,
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☐ 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:

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, Sully Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sully Smith, SV as an Add.

Example:

X_Change	<u>PT.</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change			
Add			
Remove			
2) Change			
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Remove 3) Change		_	
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4) Change	_		
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Remove			
5) Change			
Remove			
6) Change			<del>_</del>
Add			
Remove			

	(Be specific)	
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irvaisions for implementing the omen	nge, reclassification, or cancella Iment if not contained in the am	tion of issued shares, endment itself:

The date of each amendment(s) a	doption:	, 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 bedocument's effective date on the De	plack does not meet the applicable statutory filing requirements, this datepartment of State's records.	to will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder actic	on and sharcholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(stifficient for approval.	i)
☐ The unendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ni
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
04/27/2022 Dated		
Signature	Stammer	
selected	rector, president or other officer, if directors or officers have not been it, by an incorporator of in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	OLIVEIRA, RICHARD	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	<del></del>