P21 CCCC 16776

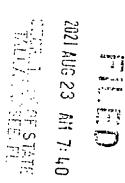
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: TROPICAL CHASE	ERS, INC			
DOCUMENT NUM	BER: P21000016776				
	s of Amendment and fee are sub	mitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	COURTNEY KILBOURNE				
		Name of Contact Persor	1		
	COASTLINE LEGAL, PA				
	Firm/ Company				
	PO BOX 4154				
		Address			
	ORMOND BEACH, FLORIDA 32175				
		City/ State and Zip Code	2		
	COURTNEY@COASTLINE.	LEGAL			
	-	ed for future annual report	notification)		
For further informati	on concerning this matter, please		295-5701		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 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)		
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 to Articles of Incorporation of

FALED

TROPICAL CHASERS, INC	2021 AUG 23 AM 7: 40			
(Name of Corporation as current	tly filed with the Florida Dept. of State)			
P21000016776	- OF STATE			
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "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 <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 290492			
	PORT ORANGE, FLORIDA 32127			
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the			
Name of New Registered Agent				
(Florida s	treet address)			
New Registered Office Address:	(City) , Florida			
	(City) (Zap Cone)			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.			
	Desired to the following			
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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	CHRISTOPHER JOHNSON	4217 MAYFAIR LN
Add			PORT ORANGE, FL 32129
Remove			
2) X Change	VPS	NATE FINCHER	5325 PEACH BLOSSOM BLVD
Add			PORT ORANGE, FL 32128
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addit	or adding addition on all sheets, if neces	nai Articles, en esare) - (Re e	necific)	nere.		
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. <u>If an amend</u>	ment provides for	an exchange, i	reclassification	, or cancellation	of issued shares	2
provisions (if not a	for implementing t applicable, indicate	(<u>ne amenamen</u> - <i>N/A</i>)	t ii not contail	ied in the amend	iment usen:	
(1) 1101 0	ppineurio, imaieur	,				
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The date of each amendment(s) at date this document was signed.	loption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendmet	nt file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing r partment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast fficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. Teach voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val
by		*`
	(voting group)	
Signature	1151-110, 200 I	
	rector, president or other officer – if directors or off I, by an incorporator – if in the hands of a receiver,	
	ed fiduciary by that fiduciary)	addect, of other court
	(Typed or printed name of person signin	g)
	Registers of Agent (Title of person signing)	