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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section
Division of Corporations

NAME OF CORPO	RATION: ALL INCLUSIVE	ADVENTURES INC	
DOCUMENT NUMI	1221/00/03/5/520		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Charles Nay		
		Name of Contact Person	l
	All inclusive Adventures In	c	
		Firm/ Company	
	8014 Front Beach Road		
		Address	<del></del>
	Panama City Beach, FL 32-	413	
		City/ State and Zip Code	,
	allinclusivepcb@gmail.cor	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Charles Nay		at (	708-2429
Name	of Contact Person		ie & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

ALL INCLUSIVE ADVENTURES INC	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P2   1000035620	
(Document Number o	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:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"  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. Entonnous mailing address. if another has	-7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	76
D. Historian State of the control of	→ N N
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ress in Florida, enter the name of the
Name of New Registered Agent	
Name try New Negmered Agent	H 23
(Florida str	
New Registered Office Address:	, Florida (City)
•	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the obligations of the position
. , , , , , , , , , , , , , , , , , , ,	in and decept the oringations of the position.
Signature of New Re	gistered Agent, if changing

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)

Example:

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 Do	<u>c</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>uith</u>		
Type of Action (Check One)	<u>Title</u>		Namç	<u>Addres</u> s	
1) Change	VP		Codi Jones	1111 West 28th Place	
X Add				 Panama City, FL 32405	_
Remove					
2) Change		_		 	_
Add					_
Remove 3) Change		_			_
Add					_
Remove					_
4) Change		_		 	_
Add					_
Remove					_
5) Change		_		 	_
Add					_
Remove					_
6) Change		_		 	_
Add					_
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u></u>		
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an amendment provides for an excha	nno reclassification	on our collection		
<u>n ovisions for</u> implementing the amen	dment if not contain	ed in the amendi	or issued snares, nent itself:	
(if not applicable, indicate N/A)				
	<del></del>			
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				·- <u>-</u> -

•

The date of each amendment(s) a late this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, to partment of State's records.	his 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.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
■ The amendment(s) was/were add by the shareholders was/were si	opted by the shareholders. The number of votes cast for the amend afficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following seach 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)	
Dated		ı
Signature	The The The	<del></del>
selecte	irector, provident or other officer – if threctors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	
	Sean K Blackford	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)