P22000077869

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COVER LETTER

TO: Amendment Section
Division of Corporations

.

NAME OF CORPO	DRATION: SEADATED CHA	RTERS INC		
DOCUMENT NUM	P2200077860			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corn	respondence concerning this ma	tter to the following:		
	WENDY WHITFORD			
		Name of Contact Persor	1	
	SEA DATED CHARTERS INC			
		Firm/ Company		
	812 CHRISTINA CIRCLE			
		Address		
	OLDSMAR, FL 34677			
		City/ State and Zip Code	2	
	wendywhitford@me.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas		385-2109	
	e of Contact Person	at (727	de & Daytime Telephone Number	
	for the following amount made			
■ \$35 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)	
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The C 2415 P	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

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SEADATED CHARTERS INC.

SEADATED CHARTERS INC			
(<u>Name</u>	of Corporation as curre	ntly filed with the Florida'	Dept. of State) TALL = いみらとしまし
P22000077869			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
SEA DATED CHARTERS INC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc." or "Co".	A professional corporati	nted" or the abbreviation "Corp" on name must contain the word
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S		N/A	
		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
		N/A	
D. If amending the registered agent at new registered agent and/or the ne Name of New Registered Agent			e name of the
	812 CHRISTINA CIRC	LE	
	(Florida	street address)	
New Registered Office Address:	OLDSMAR		. Florida 34677
rem regimeren omte namess.		(City)	(Zip Code)
New Registered Agent's Signature, if a large lar	tered agent. I am familia	Registered Agent, if change	
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (1	1) (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)

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	<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>	<u>Name</u>		<u>Addres</u> s
1) X Change	P	WENDY WHIT	FORD	812 CHRISTINA CIRCLE
Add				OLDSMAR, FL 34677
Remove				
2) Change		<u>-2222</u> ,		
Add				
Remove 3) Change	_			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change	_			
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
IVIA	
· · · · · · · · · · · · · · · · · · ·	
	<u>-</u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	
	-

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The date of each amendment	10/14/2022 (s) adoption:	, if other than the
date this document was signed	()	
Effective date <u>if applicable</u> :	10/14/2022	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	:6
	(voting group) (voting group)	4:1. E.D by 5:4
by	(valing group)	20
	(voling group)	70
10/14/	12022	
Dated	(2022	2: 4
Signature		
(B se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	WENDY WHITFORD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	