P23000061663

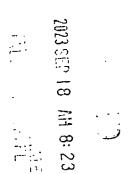
| (Requestor's Name) | _ |
|---|---------------|
| | |
| (Address) | |
| , | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | - |
| | |
| PICK-UP WAIT | MAIL |
| | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| (Boddinent Hamber) | |
| | |
| Certified Copies Certificates of | Status |
| | |
| | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | , |
| | |

Office Use Only



900415782139

09/18/23--01012--025 **35.00



Of whalaus

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION:NEV | W JOURNEY CHARTERS | INC | |
|--|---|--|--|--|
| DOCUMENT NUM | P23000061663 | | | |
| The enclosed Articles | s of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | espondence concerning this ma | tter to the following: | | |
| | HARVEY A TRIPLETT | | | |
| | | Name of Contact Persor | 1 | |
| | | Firm/ Company | | |
| | 7107 ISLAND DRIVE | | | |
| Address | | | | |
| | ORLANDO, FL 32810 | | | |
| | | City/ State and Zip Code | | |
| For further information HARVEY A TRIPL | on concerning this matter, plea | se call: | 434-8223 | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment of State: | |
| S35 Filing Fee | S43.75 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) | |
| 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

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

| • | NEW JOURNEY (| CHARTERS INC | 2023 SF | 2 18 AH 8: 23 |
|--|------------------------------|---------------------------|---------------------------------------|----------------------------|
| (Name | of Corporation as current | ly filed with the Florida | Dept. of State) | -10-/ii1-8: 23 |
| | P23000 | 061663 | į áj | $S = \hat{\Omega} \hat{S}$ |
| | (Document Number of | of Corporation (if known) | | 7.55 |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporati | on adopts the fo | ollowing amendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| | N/A | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | Corp." "Inc," or "Co" | A professional corporati | | |
| B. Enter new principal office address, | if applicable: | 7107 ISLAND DRIV | E | |
| (Principal office address MUST BE A STREET ADDRESS) | | ORLANDO, FL 328 | 10 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 7107 ISLAND DRIV | | |
| | | OREANDO, PE 3281 | · · · · · · · · · · · · · · · · · · · | |
| D. If amending the registered agent an new registered agent and/or the new | | | e name of the | |
| Name of New Registered Agent | HARVEY A TRIPLETT | | | |
| | 7107 ISLAND DRIVE | | | |
| | (Florida str | reet address) | | |
| New Registered Office Address: | ORLANDO | | . Florida | 32810 |
| | | (City) | , , , , , , , , , , , , , , , , , , | (Zin Code) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Add

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: | ve, una sai | ny Smun, Sv as an Aaa. | | |
|-------------------------------|--------------|------------------------|-------------------|--|
| X Change | PT | John Doe | | |
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | Address | |
| 1) X Change | P | HARVEY A TRIPLETT | 7107 ISLAND DRIVE | |
| Add | | | ORLANDO, FL 32810 | |
| Remove | | | | |
| 2) X Change | S, T | DAWN A TRIPLETT | 7107 ISLAND DRIVE | |
| Add | | | ORLANDO, FL 32810 | |
| Remove 3) Change | | | | |
| Add | | | | |
| Кеточе | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| A 3.3 | | | | |

| | · — · · · · · · · · · · · · · · · · · · |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| If an amendment provides for an exchange, r | reclassification, or cancellation of issued shares, |
| <u>provisions for implementing the amendment</u> (if not applicable, indicate N/A) | t if not contained in the amendment itself: |
| | |
| <u> </u> | |
| | |
| | |
| | |
| | |
| | |
| | |

| • • | | | 09/08/2023 | |
|----------------------------------|-----------------------------------|---|--|---------------------------------------|
| The date of each date this docum | | it(s) adoption: | | , if other than the |
| date this docum | ient was signed | u. | 09/08/2023 | |
| Effective date | if applicable: | | | |
| • • | | (no more than | 90 days after umendment file date) | |
| Note: If the dadocument's effe | ate inserted in active date on | this block does not meet the appithe Department of State's records. | licable statutory filing requirements. | , this date will not be listed as the |
| Adoption of A | mendment(s) | (<u>CHECK ONE</u>) | | |
| ☐ The amendmaction was n | nent(s) was/we ot required. | re adopted by the incorporators, o | r board of directors without sharehol | der action and shareholder |
| The amendm by the share | nent(s) was/we holders was/w | re adopted by the shareholders. Tere sufficient for approval. | he number of votes cast for the amer | ndment(s) |
| ☐ The amendm must be sepe | nent(s) was/we arately provide | re approved by the shareholders the | nrough voting groups. The following o vote separately on the amendment(| statement 's): |
| "The n | umber of vote | s cast for the amendment(s) was/w | vere sufficient for approval | |
| by | | | *** | |
| • | | (voting group) | | |
| | Dated | 09/08/2023 | | |
| | Signature | | | |
| | SC | | ficer – if directors or officers have no the hands of a receiver, trustee, or oth y) | |
| | | | HARVEY A TRIPLETT | |
| | | (Typed or printed | d name of person signing) | |
| | | | PRESIDENT | |
| | | (Title of person s | igning) | |