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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: HARBORTOWN CANAVERAL, INC DOCUMENT NUMBER: P95000081845 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JANET CHNUPA Name of Contact Person HARBORTOWN CANAVERAL, INC Firm/ Company 2700 HARBORTOWN DRIVE Address MERRITT ISLAND, FL 32952 City/ State and Zip Code CEO@HARBORTOWNMARINA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JANET CHNUPA at (772) 559-9125

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

(Name of the Harbortown Canaveral, Inc.)		filed with the Florida Dept. of Sta	ite)		
·	(Document Number of	Corporation (if known)			-
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts th	e following	g ameno	lment(s) to
A. If amending name, enter the new na	ame of the corporation:			Τ'	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	"o". A professional corporation no			ion
B. Enter new principal office address, if applicable:		N/A			_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)				
					_
					_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	3-	<u></u>	
(Fluining Guartes Mill Bl. 24 Cont.)	OTTEL BOA		<u> </u>	٤	_
			.		: :
					- 12 1
D. If amending the registered agent an			<u>e</u>		• 1
new registered agent and/or the nev	y registered office address:		r -	::-	
Name of New Registered Agent	N/A		1.	:: ت	
	2700 HARBORTOWN DR	IVE			
		et address)		•	
New Registered Office Address:	MERRITT ISLAND	. Florid	32952		
New Registered Office Staaress.		City)	(Zip ((ode)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the	position.		
	N/A				
	Signature of New Re	egistered 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)

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	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
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 A (Attach additional sheets, if necessar	<u>Articles, enter change(s) nere:</u> y). (Be specific)
N/A	
	
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	-
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·	
If an amendment provides for an a	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	amendment if not contained in the amendment itself:
(if not applicable, indicate N/A	1)
N/A	
-	

The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date	') -
Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
bv'''	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Dated 5/25/19	
Signature armet Chnupa	
Signature <u>anet Chruspa</u> (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	not been other court
JANET CHNUPA	
(Typed or printed name of person signing)	
PVS	
(Title of person signing)	