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C. LEWIS

SEP 5 2013

EXAMINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: NORTHERN GUIF Marine Sales, Inc
DOCUMENT NUMBER: <u>P% 8000 6</u> 8896
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steve Hall Name of Contact Person
Northern Gulf Movine Sples, inc Firm/Company
495 Grand Blod, Suite 206
Miramar Bench, FC 32550  City/ State and Zip Code
Steve @ northern Guif Marine SAles. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stene Bonnie Hall at (850) 240 9900  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment** to

## Articles of Incorporation of

	" FILEU		
NORTHERN GUIF MARINE S	poles, Inc 19 MIN 20 MIN 20		
(Name of Corporation as currently filed with the			
P96 0000 68896	SEGRETARY OF STATE FALLAHASSEE, FLORIDA		
(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		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	495 Grand Blud		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 206		
	MirAMAr Bench, Fe 32550		
C. Enter new mailing address, if applicable:	49 - Grand Blid		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	495 Grand Blud Suite 206		
	33/14 20 b		
	MIRAMAR Bench FC. 32500		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the		
Name of New Registered Agent	<del></del>		
(Florida s	street address)		
New Registered Office Address:	, Florida		
(City	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen	nt:		
I hereby accept the appointment as registered agent. I am familiar			
Signature of New Registered	d 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	V	Bonnie S. Hall	543 Shetter Cove D SANTA ROSA BEACH, F
Add			SANTA ROCA BOACH, F
Remove			32459
2) Change			
Add			······································
Remove			
3) Change			
Add			
Remove			
4) Change	<del> </del>		
Add			
Remove			
5) Change	<del>- ,,</del>		<u> </u>
Add			
Remove			<del></del>
6) Change			
Add			· <del></del>
Remove			

J. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
•	
· · · · · · · · · · · · · · · · · · ·	<del></del>
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
if not applicable, indicate N/A)	endment if not contained in the amendment itself:
, ,	
5010 50% to	Bonnie S. Hall who is
now V.P.	
11.00	

The date of each amendment(s) ac	option:		, if other than the
date this document was signed.		FIL	ED
Effective date if applicable:			
	(no more than 90 days	after amendment (Belder) 28	AM 10: 32
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	Seere (AR) Tael ahassi	TOF STATE SE. FLORIDA
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number flicient for approval.	er of votes cast for the amendm	nent(s)
	roved by the shareholders through voeach voting group entitled to vote se		
"The number of votes cast	for the amendment(s) was/were suffic	ient for approval	
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
☐ The amendment(s) was/were add action was not required.	pted by the board of directors withou	t shareholder action and share	holder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without sha	reholder action and sharehold	er
Dated $\int u$	sut 26,2013 onal This	Hull	
selected	rector, president or other officer – if I, by an incorporator – if in the hands ed fiduciary by that fiduciary)		
	Romald Steve	Hall	
	(Typed or printed	name of person signing)	
	President		
	(Title of p	erson signing)	