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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: BIG FIVE TOURS	S AND EXPEDITIONS, IN	C.
DOCUMENT NUMBI	ER: P96000073965		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
,	ASHISH SANGHRAJKA		
<u> </u>	BIG FIVE TOURS AND EX	Name of Contact Person PEDITIONS, INC.	
_		Firm/ Company	
i	551 SE PALM COURT		
_	STUART, FLORIDA 34994	Address	
_		City/ State and Zip Code	
,	ASHISH@BIGFIVE.COM		, 3 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea-	se call:	ا ا
ASHISH SANGHRAJI	KA	at (	287-7995
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
Amer	S43.75 Filing Fee & Certificate of Status  ng Address adment Section	Amend	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  Address ment Section
P.O. 1	ion of Corporations Box 6327 hassee, FL 32314	The Ce 2415 N	n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 issee, FL 32303

## Articles of Amendment to Articles of Incorporation of

RIG FIVE TOLIRS AND EXPEDITIONS INC

BIG FIVE TOOKS AND EXPEDITION	5, INC.					
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)			
P96000073965						
	(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	ilorida Profit Corporation add	opts the fo	llowing ar	nendme	ent(s) to
A. If amending name, enter the new na	ame of the corporation:					
				Th	ie nev	r.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc," or "Co". A	mpany," or "incorporated" c professional corporation na	or the abbr me_must	eviation "	Corp.,	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			.=	<del>-</del>		
		· · · · · · · · · · · · · · · · · · ·		-		
					<u> </u>	
C. Enter new mailing address, if appl						
(Mailing address MAY BE A POST)	OFFICE BOX)			= ",	<u>دی</u>	
				<u> </u>	**************************************	.::
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					5	
D. If amending the registered agent ar new registered agent and/or the new		ess in Florida, enter the nam	ie of the	, tu	w	
	MARI HUFF CPA PA					
Name of New Registered Agent	701 S COLORADO AVEN	UE SUITE 2				
	(Florida stre	et address)				
V . D. Samuel Office All Income	STUART, FLORIDA		34 Florida	1994		
New Registered Office Address:		City)	riorida	(Zip Code	r)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	ith and accent the oblivations	of the pos	ition.		
The real acceptance approximation of the second	a Dia (	ZA	y			
<del></del>	Signature of New Re	gistered Agent, if changing	-			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MAHEN SANGHRAJKA	1551 SE PALM COURT
Add			STUART, FLORIDA 34994
X Remove			
2) Change			
Add			
Remove 3) Change			:
Add			
Remove			
4) Change	<del></del>		(H
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	700 171 171
If an amendment provides for an exchange, reclassification, or car provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	he amendment itself:
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	he amendment itself:
provisions for implementing the amendment if not contained in t	he amendment itself:
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provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	he amendment itself:
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	he amendment itself:

	03/16/24	
The date of each amendment(s) act at this document was signed.	pption:	, if other than
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment )	file date)
ote: If the date inserted in this be ocument's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	ted by the incorporators, or board of directors withou	at shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	ted by the shareholders. The number of votes cast fo ficient for approval.	r the amendment(s)
must be separately provided for	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the anorthe amendment(s) was/were sufficient for approval	nendment(s):
by	.,	
<u> </u>	(voting group)	
04/05/24		
Dated	<del>1///</del>	
	H. 1	Act The Marie
Signature	ector, president or other officer - if directors or office	ers have not been
selecteg	by an incorporator – if in the hands of a receiver, trud fiduciary by that fiduciary)	stee, or other court 53
	ASHISH SANGHRAJKA	
	(Typed or printed name of person signing)	
	PRESIDENT AND CEO	
	(Title of person signing)	<del> </del>