## P91000005419

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Amend Java-jul-13

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: LEGENDARY JOURNEYS INC DOCUMENT NUMBER: P97000065419 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TIMOTHY H GOODWIN Name of Contact Person LEGENDARY JOURNEYS INC Firm/ Company 3474 17TH STREET Address SARASOTA FL 34235 City/ State and Zip Code TIMOTHY@LEGENDARYJOURNEYS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941 953-7988

Area Code & Daytime Telephone Number TIMOTHY H GOODWIN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** 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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## LEGENDARY JOURNEYS INC

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	
P97000065419			
(Docume)	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the ab- o". A professional corporation name must co	breviation
B. Enter new principal office address,		N/A	
(Principal office address <u>MUST BE A S</u>	IKEET ADDRESS )		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
	AL FERGUSON		
Name of New Registered Agent	425 Parkview Dr		
	(Florida stree		
New Registered Office Address:	Sarasota	, Florida 34243	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if c	hanging Pegistered Agents		
I hereby accept the appointment as regist	ered agent Lam famili <b>g</b> r wi	th and accept the obligations of the position.	
	(1) TO		
Si	gnature of New Registered Ag	gent, 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.

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	Address
1) Change	Р	Adrian L Ferguson Sr	3157 Wood Street
Add			Sarasota FL 34237
X Remove			
2) X Change	<u>P</u>	Adrian L Ferguson Jr	425 Parkview Drive
Add			Sarasota FL 34243
Remove			
3 ) Change	<u>V</u>	Charles T Scott	425 Parkview Drive
X Add			Sarasota FL 34243
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove	•		

/A	(Be specific)
/A	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares.
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am- (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s)	adoption: June 21, 2013
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 06/24	4/2013
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Adrian L. (AI) Ferguson Jr.
	(Typed or printed name of person signing)
	President
	(Title of person signing)