## P97000101234

| juestor's Name)  |  |
|------------------|--|
| lress)           |  |
| lress)           |  |
| /State/Zip/Phone | e #)   |
| ☐ WAIT           | MAIL   |
| iness Entity Nar | me)  |
| cument Number)   |  |
| Certificates     | s of Status  |
| iling Officer:   |  |
|                  |  |
|                  |  |
|                  |  |
|                  | ress)  /State/Zip/Phone  WAIT  iness Entity Nare  cument Number) |

Office Use Only



700248599547



06/07/13--01020--002 \*\*35.00

a/son

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA            | ATION: Tee Sea N                            | ' Joy Boating inc   | <b>;</b>   |
|----------------------------|---|---|--|
| DOCUMENT NUMBI             | D070004040                                  |   |  |
| The enclosed Articles of   | f Amendment and fee are su                  | ubmitted for filing.  |  |
| Please return all corresp  | ondence concerning this ma                  | atter to the following:   |  |
| ٦                          | Thomas Carrano                              |   |  |
| _                          |   | Name of Contact Person  | n  |
|                            | Γee Sea N ' Joy l                           | Boating Inc. 🗦  |  |
| <del></del>                |   | Firm/ Company   |  |
| 1                          | 10663 Old Grove                             | Circle  |  |
|                            |   | Address   |  |
| E                          | Bradenton FI 342                            | 212   |  |
| _                          |   | City/ State and Zip Cod   | e  |
| lava                       |   | <u> </u>  |  |
| joyse                      | ea3@verizon.ne                              |   |  |
|                            | E-mail address: (to be us                   | sed for future annual report                                      | notification)  |
| For further information of | concerning this matter, pleas               | se call:  |  |
| Thomas Carra               | ino   | <sub>at (</sub> 941   | 812-6194   |
| Name of                    | Contact Person                              | Area Co   | de & Daytime Telephone Number  |
| Enclosed is a check for t  | he following amount made                    | payable to the Florida Depa                                       | artment of State:  |
| ■ \$35 Filing Fee          | □\$43.75 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) |
| Mailir                     | ng Address                                  | Street  | Address  |
| Ameno                      | dment Section                               | Amendment Section   |  |
|                            | on of Corporations                          |   | on of Corporations   |
| - · - · -                  | lox 6327                                    |   | Building   |
| Tallah                     | assee, FL 32314                             | 2661 E  | xecutive Center Circle   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Tee Sea N' Joy Boating Inc.   |  |
|---|--|
| (Name of Corporation as currently filed with the Florida Dep  | t. of State)   |
| P97000101234  |  |
| (Document Number of Corporation (if known)  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:  | fit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation;   |  |
| NA  | The new  |
| name must be distinguishable and contain the word "corporation," "comportion," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proportion of the abbreviation "P.A."  Al | ofessional corporation name must contain the         |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |  |
| <del></del>   | 02   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |
| · ————————————————————————————————————  |  |
| D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:  Name of New Registered Agent                       | ida, enter the name of the                           |
|   |  |
| (Florida street address)  |  |
| New Registered Office Address:  | , Florida  |
| (City)  | (Zip Code)   |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar with and acc  | ept the obligations of the position.                 |
| Signature of New Registered Agent, if cha   | nging  |

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.

Citinger should be noted in the following manner. Currently John Doe is listed as the FST and Wike Jones is listed as the F. 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          | 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> | <u>Name</u>   | Address             |
| I) Change                  | <u>V:</u>    | Joyce Carrano | 10663 Old GROVE     |
| X Add                      |              |               | Circle              |
| Remove                     |              |               | Bradenton, FI 34212 |
| 2) Change                  |              |               |                     |
| Add                        |              |               |                     |
| Remove                     |              |               | -                   |
| 3 ) Change                 |              |               |                     |
| Add                        |              |               |                     |
| Remove                     |              |               | ***                 |
| 4) Change                  |              |               |                     |
| Add                        |              |               |                     |
| Remove                     |              |               |                     |
| 5) Change                  |              |               |                     |
| Add                        |              |               |                     |
| Remove                     |              |               |                     |
|                            |              |               |                     |
| 6) Change                  |              |               |                     |
| Add                        |              |               |                     |
| Damarra                    |              |               |                     |

| E. <u>If am</u>   | <u>ending or adding additional Arti</u> | icles, enter change(s) here                               |
|-------------------|---|---|
| (Attacl           | h additional sheets, if necessary).     | (Be specific)   |
| `                 | 1/1/                                    |   |
|                   | 11/14                                   |   |
|                   | <del></del>                             |   |
|                   | •                                       |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   | <del></del>                             |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
| <del></del>       |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
| F. <u>If an a</u> | <u>amendment provides for an exch</u>   | ange, reclassification, or cancellation of issued shares, |
| prov              | <u>isions for implementing the amer</u> | ndment if not contained in the amendment itself:          |
| (                 | if not applicable indicate N/4}         |   |
|                   | A/A                                     |   |
|                   |   |   |
|                   | 7                                       |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   | ·· <del>·</del>   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |
|                   |   |   |

| 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 adop<br>by the shareholders was/were suff | ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.  |
|   | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):   |
| "The number of votes cast fo  | or the amendment(s) was/were sufficient for approval  |
| by  | (voting group)  |
|   | (voting group)  |
| action was not required.  | ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder  |
| Dated 6/  | 1/3   |
| selected,   | ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary) |
| _   | Thomas Carrana  |
|   | (Typed or printed name of person signing)   |
| _   | (Title of person signing)   |