P9900003599

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORPO	ORATION: Marine Custom Pa	int Inc			
DOCUMENT NUM	DOVOMON 2 500	· · <u> </u>			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	James H. Halfaker				
	Name of Contact Person				
	Marine Custom Paint Inc				
		Firm/ Company			
	8700 E. Church St.				
		Address			
	Hastings, FL 32145				
	City/ State and Zip Code				
For further informati	E-mail address: (to be union concerning this matter, plea	sed for future annual report n	otification)		
James H. Hulfaker		ar 38 4	916-8511		
Name	e of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depar	tment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Street A			
Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Marine Custom Paint Inc		
(Name o	of Corporation as currently filed with the Florida Dept. of State)	
P98000003599		
	(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</i> adopts the following	lowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	a the word "corporation," "company" or "incorporated" or the abbre Torp," "Inc," or "Co". A professional corporation name must c " or the abbreviation "P.A."	viation "Corp.,"
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
	 -	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)	icable: OFFICE ROY)	مند (C)
(Maining Bun Cos Mar Dr. of 1 Cost	<u></u>	
D. If amending the registered agent ar	nd/or registered office address in Florida, enter the name of the	
new registered agent and/or the nev		
Name of New Registered Agent	James H. Halfaker	
	101 Marie Street	
	(Florida street address)	
New Registered Office Address:		148
New registered to garage	(City)	(Zip Code)
	Landa Davidana Amara	
New Registered Agent's Signature, if c Thereby accept the appointment as regis	cnanging Registered Agent: stered agent. I am familiar with and accept the obligations of the pos	ition
_		
	MA-1	
Land	Signature of New Registered Agent, if changing	
	aignume of sew negative a signa, 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)

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 Smuth		
Type of Action (Check One)	Title	Name	Address	
1) Change	D	Jacob R. Allen	1301 Plantation Island Drive South	
			#202A	
Add X Remove			St. Augustine, FL 32080	<u>و</u> ت
	D	Philip H. Dwyer	1301 Platation Island Drive South	arna filik
2) Change			#202A	16 10
Add X	PSTD	James H. Hulfaker	St. Augsutine, FL 32080	
X Add			101 Marie Street	(;) —
			Interlachen, FL 32148	. J
Remove				
4) Change				
Add				
Remove			 	
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file do	- <u></u> ite)
Note: If the date inserted in this blodocument's effective date on the Department.	ck does not meet the applicable statutory filing requirem irtment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shar	cholder action and shareholder
■ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east for the cient for approval.	amendment(s)
	wed by the shareholders through voting groups. The follo sich voting group entitled to vote separately on the amenda	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
November 9, Dated	2023	•
Signature (1 Har	97
selected,	ctor, president or other officer – if directors or officers haby by an incorporator – if in the hands of a receiver, trustee, (I fiduciary by that fiduciary)	ve not been
Ja	mes H. Halfaker	- - - -
_	(Typed or printed name of person signing)	· ·
Pı	resident	11 U

(Title of person signing)