P98000044147

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
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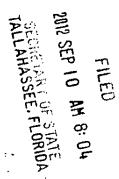
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9/4/12

COVER LETTÉR

TO: Amendment Section Division of Corporations		· · · · · · · · · · · · · · · · · · ·
Best Bait,	Inc	
NAME OF CORPORATION: P980000441	147	
DOCUMENT NUMBER:	······································	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Carlos M. Dom	inguez	
	Name of Contact Person	<u> </u>
10294 Welleby	Firm/ Company Isles Blvd	· · · · · · · · · · · · · · · · · · ·
Sunrise, FL 33	Address 351	
	City/ State and Zip Code	2
oregonzalez@gma	ail com	
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Orelia Gonzalez	at (305	, 522-4796
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED			٠
FP 10	MA	8:	01

Best Bait, Inc

ent(s) to

98000044147	TALLAHASSEE. F	
(Document Number of Corporation (
tursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the following amen	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Thicipus office audiess <u>MOST BE A STREET ADDRESS</u> f	10294 Welleby Isles Blvd Sunrise, FL 33351	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 		
Name of New Registered Agent Carlos M. Domin	guez	
10294 Wellel		
New Registered Office Address: Sunrise (City,	, Florida 33351 (Zip Code)	
low Degistered Agent's Signature of showing Positions 4		
New Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent. I am familian		
Signature of New Registered	Agent, if en inging	

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	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	SV Sa	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	OD	Yulien Eloy	288 95th Street, Oceanside
Add			Marathon, FL 33050
XRemove			And and an
2) Change	RA	Jack Bridges, P.A.	171 Hood Ave 21
Add			Tavenier, FL 33070
X Remove			
3) Change	PD	Carlos M. Dominguez	10294 Welleby Isles Blvd
$X_{__Add}$			Sunrise, FL 33351
Remove			······································
4) Change			
Add			
Remove			-
5) Change			
Add		No.	
Remove		×	
6) Change			
Add			
Remove			

E. If amending or adding additional (Attach additional sheets, if necession	l Articles, enter cha arv). (Be specific)	inge(s) here:		
,				
!∨ <i>if</i>				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			 	.,
 				
	•			
F. If an amendment provides for an	exchange, reclassi	fication, or cancell	ation of issued share	<u>es.</u>
provisions for implementing the (if not applicable, indicate N	<u>: amenument ii not</u> /A)	contained in the w	ibenament itseit:	
NA				
, , , , , , , , , , , , , , , , , , ,				
,				- viii

September 4, 2012

i ne date of each amendment(s) ad	nahciou:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
· by	,"
· / · · · · · · · · · · · · · · · · · ·	(voting group)
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder
Dated Septem	mber 4, 2012
Signature	(Alada)
(By a di	irector, president or other officer - if directors or cancers have not been
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
(Carlos M. Dominguez
	(Typed or printed name of person signing)
	President
•	(Title of person signing)