## P99000039963

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: C.K. YACHTS, INC. P99000039963 . DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHARLENE DEAL Name of Contact Person AVMAR ACCOUNTING SERVICES INC Firm/ Company 9 SW 13TH STREET Address FORT LAUDERDALE, FL 33315 City/ State and Zip Code CHARLENE@AVMARACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 954 ) 764-0404

Area Code & Daytime Telephone Number CHARLENE DEAL 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

C.K. YACHTS, INC.				
(Name of Corporat	tion as currently f	iled with the Florida De	ept. of State)	
P99000039963				
(Docu-	ment Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Flo	orida Profit Corporation	adopts the fo	llowing amendment(
A. If amending name, enter the new name of the c	corporation:			
				The new
name must he distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	." or "Co". A p	npany," or "incorporated professional corporation	l" or the abbr name_must_c	eviation "Corp.,"
B. <u>Enter new principal office address, if applicabl</u> (Principal office address <u>MUST BE A STREET AD</u>				<del></del>
				<del>.</del>
•		<u> </u>		<del></del>
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )			
	•			<del></del> _
D. If amending the registered agent and/or registe		s in Florida, enter the n	ame of the	
new registered agent and/or the new registered	l office address:			<u>.</u>
Name of New Registered Agent				
	(Florida street	address)		<del></del> : :
				. <u>.</u>
New Registered Office Address:	10	ity)	Florida	(Zin Code)
	,,			(inj, court)
New Registered Agent's Signature, if changing Re	gistered Agent:			
hereby accept the appointment as registered agent.	I am familiar wit	h and accept the obligati	ons of the pos	ition.
Sign	nature of New Reg	istered 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)

. . .

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>	<u>John De</u>	<u>0e</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	ΛЪ	_	DIANNE KEITH	P.O.Box 350564
XAdd				FT LAUDERDALE, FL 33335
Remove				
2) Change		<del></del>		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
11-12-11-11-11-11-11-11-11-11-11-11-11-1	<del> </del>
· · ·	
<u>lf an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
DatedSignature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
CHARLES KEITH
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)