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FEB 16 2017

R. WELL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ROPE CORP		
DOCUMENT NUMBI	P99000056113	 .	
	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this mate	er to the following:	
L	YNDA A RUDA		
_		Name of Contact Person	i
Я	OPE CORP		
-		Firm/ Company	
i	20 NORTH 20TH STREET		
		Address	· · · · · · · · · · · · · · · · · · ·
T -	CAMPA, FL 33605		
		City/ State and Zip Code	2
wocasi	o@firstchoicemarinesupply.c	om	
	E-mail address: (to be use	ed for future annual report	notification)
For further information	concerning this matter, please	: call:	
CRAIG C. RUDA		at (223-7673
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	□S43.75 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)
Amen Divisi P.O. I	ng Address dment Section ion of Corporations 3ox 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301

Articles of Amendment to Articles of Incorporation of

	ot		5. J	
ROPE CORP				
(Name of Corporati	ion as currently filed wit	h the Florida De	pt. of State)	· · · · · · · · · · · · · · · · · · ·
99000056113				
(Docum	nent Number of Corporati	on (if known)		
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this <i>Florida Pr</i>	ofit Corporation	adopts the foll	owing amendment(
. If amending name, enter the new name of the co	orporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc." or "Co". A p.			
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD				
remeipar office address <u>Stoat BE A STREET ADE</u>	<u></u>			
				
Enter new mailing address, if applicable:	>=C)			
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>			
If amending the registered agent and/or register new registered agent and/or the new registered		rida, enter the n	ame of the	
Name of New Registered Agent				
Hame of New Negwierea Agent				
	(Florida street address))		
New Registered Office Address:			. Florida	
New Negasierea Office Nauress.	(City)		—,	(Zip Code)
New Registered Agent's Signature, if changing Reg			2.1	
hereby accept the appointment as registered agent.	1 am familiar with and ac	cept the obligation	ons of the posit	ion,
Sign	nature of New Registered A	Agent, 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> <u>Joi</u>	nn Doc	
X Remove	<u>У</u> <u>Мі</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PCEO	CRAIG C RUDA	120 NORTH 20TH STREET
Add			TAMPA, FL 33605
Remove			
2) Change	VPT	LYNDA A RUDA	120 NORTH 20TH STREET
X Add			TAMPA, FL33605
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Adđ			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
477247 78 1				
,				
		- · · ·		
.				
If an amendment provides for an exch	ange, reclassification, or	cancellation of issue	d shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	nament if not contained i	n the amendment its	<u>eii:</u>	
· · · · · · · · · · · · · · · · · · ·				

FEBRUARY 1, 2017	
The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
FEBRUARY 9, 2017	
Dated	
Signature (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)	
CRAIG C. RUDA	
(Typed or printed name of person signing)	
PRESIDENT / CEO	
(Title of person signing)	