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C. GOLDEN AUG 2 9 2017

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: B & G MAI	RINE, INC.		
DOCUMENT NUMBE	R:		····	
	Amendment and fee are su	bmitted for filing.		
•	ondence concerning this ma	•		
		······································		
	Joel Threlkeld, Esq			
		Name of Contact Perso	on	
	THRELKELD & CI	ETRANGELO, P.A.		
		Firm/ Company		
	3003 Tamiami Trail	North, Suite 200		
		Address		
	Naples, FL 34103			
***************************************	····	City/ State and Zip Cod	le	
	joel@napleslegal.ne	t		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information co	onceming this matter, pleas	e call:		
Joel Threikeld, Esq.		at (	234-5034	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made p	ayable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	☐S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

B & G MARINE, INC.	2017 AUG 25 PM 3: 1
(Name of Corporation a	as currently filed with the Florida Dept. of State)
S52229	MELAnv.GSt.E. FLORID.
(Document	Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Sta Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the corpo	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the reviation "P.A."
. Enter new principal office address, if applicable:	3003 TAMIAMI TRAIL NORTH, STE. 200
Principal office address <u>MUST BE A STREET ADDRES</u>	NAPLES, FL 34103
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3003 TAMIAMI TRAIL NORTH, STE. 200
(Maning duaress SANT DE AT VOJT OTTTEL DOS.)	NAPLES, FL 34103
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
THREE KELDS	& CETRANGELO, P.A.
Name of New Registered Agent	II TRAIL NORTH, STE. 200
	(Florida street address)
New Registered Office Address:	, Florida 34103
New Registered Office Address.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	
- Joel	President of Threlkeld & Cetrangele,
Signatur	of New Registered Agelu, 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.

Example: X_Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DPVST	KEPEN, GREGORY C	26785 MCLAUGHLIN BLVD
Add		-	BONITA SPRINGS, FL 34134
X Remove			
2) Change	S	JOEL A. THRELKELD, ESQ.	3003 TAMIAMI TR. N. STE. 200
X Add			NAPLES, FL 34103
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exc	hange, reclassifica	tion, or cancella	tion of issued sha	ires,	
provisions for implementing the amo (if not applicable, indicate N/A)	enament 11 not cor	itained in the air	tenament (tseir:		
		•			
			<u> </u>		
			<del></del>		

	08-21-2017	ic a standard
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	21.2012	
08 Effective date <u>if applicable</u> :	-21-2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amen sufficient for approval.	dment(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	statement (s):
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shadopted by the incorporators without shareholder action and shareholder	
•	2017	
08-21-3 Dated	3017	
Signature	- Ly Ihm	
(By a selec	hire or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	JOEL A. THRELKELD	
	(Typed or printed name of person signing)	<u></u>
	SECRETARY	
	(Title of person signing)	