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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amner
JUN 27 2013
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Coastal Resources Group, Inc.

DOCUMENT NUMBER: N03000011036

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura L. Flynn
(Name of Contact Person)

Coastal Resources Group, Inc.
(Firm/ Company)

P.O. Box 2878
(Address)

Riverview, FL 33568
(City/ State and Zip Code)

LLFLYNN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Flynn at (813) 230-0186
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| ☒ \$35 Filing Fee | ☐ \$43.75 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) |
|---|--|---|--|

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

Coastal Resources Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N03000011036

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
2) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
3) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
4) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
5) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____
6) ☐ Change	_____	_____	_____
☐ Add			_____
☐ Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article I - Name

The name of the corporation shall be Coastal Resources Group, Inc.

In the State of Montana a division of Coastal Resources Group, Inc

shall be known as Aquatic Habitat Group. ADD: Coastal Resources Group Inc.

dba. Keys Restoration Fund is a division of Coastal Resources Group. Inc.

Article II - Principal Office

The principal place of business and mailing address of this corporation

shall be 23797 NE 189th St. Salt Springs FL 32134. In the state of

Montana a secondary place of business shall be P.O. Box 753, 113 Wisconsin

Creek West, Sheridan, MT 59749 ADD: The principal office for Coastal

Resources Group Inc. dba Keys Restoration Fund is P.O. Box 2878, Riverview, FL 33568

Article III - Purpose

ADD: Coastal Resources Group, Inc hereby adopts Coastal Resources

Group Inc. dba Keys Restoration Fund located in Riverview, Florida. The purpose of

Keys Restoration Fund is to manage an In-lieu fee program for the purpose

of restoring, protecting, educating and performing scientific analysis of natural areas.

Areas include but are not limited to coastal wetlands and seagrass meadows.

The date of each amendment(s) adoption: June 21, 2013

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated June 21, 2013
Signature Roy R. Lewis III
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Roy R. Lewis III

(Typed or printed name of person signing)

President

(Title of person signing)