## P03000157833

(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.  Farhad Abdalani Advised to correct  Old Name (10)					

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SECRETARY OF STATIONS
DIVISION OF GORPORATIONS
2015 MAR 13 PM 12: 31



## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: COAST LINE INSURANCE INC. P03000157833 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FARHAD COAST LINE INSURANCE INC. 2328 SEVEN SPRINGS BLVD RINITY FL 34655 City/ State and Zip Code ALANI & COAST LINEINSURANCE, MET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 727 ) 375-7735 Area Code & Daytime Telephone Number FARHAD 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

**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

is enclosed)

## **Articles of Amendment**

	Articles of Inco	rporation		
C 00=	St line of	nsurance,	ILC.	
(Name of Corporation as c	urrently filed with the Flo	rida Dept. of State)		
	403000	157833		
(Document	Number of Corporation (if I	(nown)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation ado	pts the following	amendment(s) t
A. If amending name, enter the new nan	ne of the corporation:			
	· · · · · · · · · · · · · · · · · · ·			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp," "Inc," or "C	o". A professional corporati	ated" or the abi	breviation
B. Enter new principal office address, if (Principal office address MUST BE A ST.				911
C. Enter new mailing address, if application (Mailing address MAY BE A POST O				SECRETARY OF STATE HE SECRETARY OF GORPOTRATIONS
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name	of the	
Name of New Registered Agent				
-	(Florida stree	et address)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if che I hereby accept the appointment as register	red agent. I am familiar w		of the position.	
Sigi	nuture of New Registered Ag	geni, ij cnanging		

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:

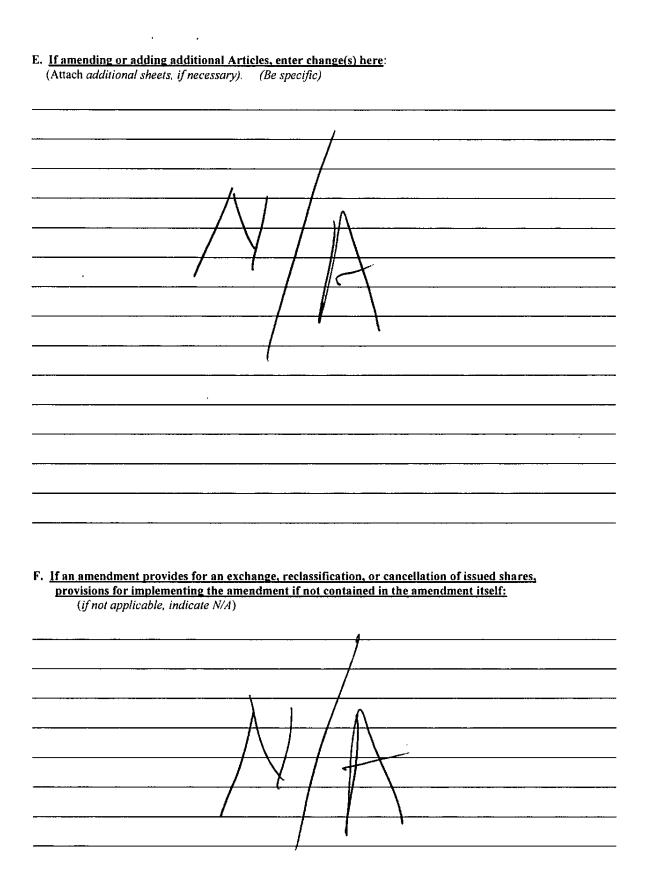
(Attach additional sheets, if necessary)

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 D	<u>oe</u>				
X Remove	<u>V</u>	Mike Jones					
X Add	<u>sv</u>	Sally S	mith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s		
1) Change	D	<del></del>	AMIR	MISION	2328 SEVEN SPRINGS	OLVD	
Add					TRINITY FL 34655		
Remove					· · · · · · · · · · · · · · · · · · ·		
2) Change	D	<u> </u>	KATHY		2328 SEVEN SPRINGS		
Add Add			_	ARDALANI-	TRINITY FL 34655		
Remove			•	>0+HrCIII			
3) Change				*****	<del> </del>		
Add							
Remove							
4) Change							
Add							
Remove					***		
5) Change							
Add							
Remove							
6) Change							
Add		_	<del> </del>				
Remove					***		
Kemove							



	, if other than the
date this document was signed.  Effective date if applicable: 3/2/15	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
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"	
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.	
Dated 3/10/15	
Signature	<u></u>
(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)	
FARHAD ARDALANI	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	<del></del>