## P03000157833

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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: COAST LINE INSURANCE, INC.  DOCUMENT NUMBER: PO3000157833
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FARHAD ARDALANI Name of Contact Person
COAST LINE INSURANCE INC.
Firm/ Company
2328 SEVEN SPRINGS BLVD Address
TRINITY, FL, 34655 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FARHAD ARDALANI at (727) 375-7735  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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

COAST LINE INSURANCE INC.	1.76	ン	17
(Name of Corporation as currently filed with the Florida Dept. of State)	7.0	Eg.	The state of the s
P03000157833		\$	?
(Document Number of Corporation (if known)			र्दे
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing am	endmen	t(s) to
A. If amending name, enter the new name of the corporation:			
	The	new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or t "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name is word "chartered," "professional association," or the abbreviation "P.A."	he abbrev	iation	
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 greet address)			
New Registered Office Address:, Florida			
(City)	(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 positions of the positions.	'ion.		
Signature of New Registered 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.

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)	<u>Title</u>	Name	Address
Change Add Remove	D	KATHY ARDALANI- SOFARELLI	2328 SEVEN SPRINGS BLUD TRINITY FL, 34655
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add	<del></del>		
Remove  6) Change  Add  Remove			

amending or addittach additional sh	ing additional Articles, enter change(s) here:  neets, if necessary). (Be specific)
	$\Lambda$ $\Lambda$ $\Lambda$
rovisions for impl	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself:
(if not applicab	ole, indicate N/A)
	1
	$-\lambda//\Lambda$
	- / <del>/ / / /</del>

The date of each amendment(s) adoption: 12/2/15	, if other than the
date this document was signed.  Effective date if applicable: 12/2//5	
(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) (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"  (voting group)	
(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 12/2/15	
Signature A	_
(By 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	<del></del>
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	