P160000 93698

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPORATION: COASTAL POOL RENOVATIONS, IN	<u>c</u>			
DOCUMENT NUMBER: P 1 80000 93698	, <u> </u>			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
- Sua Thomas				
Name of Contact Person				
COASTAL POU RENOVATIONS The				
807 MUNTCLAIRE CT				
Address				
CAPE CORDE FL 27804 City/ State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)	m_			
For further information concerning this matter, please call:				
Eura Damas au 239, 989-7	433			
Name of Contact Person Area Code & Daytime Telep	phone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status S43.75 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	Status			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

COASTAL POUR RENOVATIONS INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 180000931898	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	owing amendment(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 to "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name n word "chartered," "professional association," or the abbreviation "P.A."	he abbreviation
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)	1.510
α .	
	<u> </u>
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:	 O
Name of New Registered Agent	
(Florida street udare)s)	
New Registered Office Address: , Florida, 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 positi	on.
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	PT Johr	n Doe	
_			
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
!) Change		RANDY Thomas	907 MENTCLAIRECT
Add			CAPE CORDE PL
Remove			33964
2) Change	VP	SHERYL CAMY	Cape Cond 21
Add			Capital 21
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
			~ · · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

). (Be specific)
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f an amendment provides for an exc provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y nor apparame, maicule NA)	
(у пол аррисате, такше 1974)	
у погаррисате, такше 1974)	
у пот аррисате, такше 1974)	
(у на аррисате, такие 18/А)	
(у на аррисате, такие 1974)	TA TA
(у на аррисате, такие 1974)	To the second se
(у на аррисате, такие 1974)	
(у на аррисате, такие 1974)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's reco	e applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE	
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group enti	ers through voting groups. The following statement tled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) v	ras/were sufficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of di action was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and shareholder
Dated	
Signature	
(By a director, president or oth	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court uciary)
RAN	rinled name of person signing)
(Typed or p	rinled name of person signing)
	resident
	(Title of person signing)