

104xxx05206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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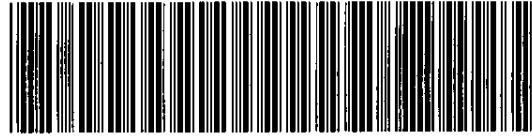
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BLUEWATER BARRACUDA SWIM TEAM, INC.

DOCUMENT NUMBER: NO4000005206

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

Please return all correspondence concerning this matter to the following:

TRACY STROM

(Name of Contact Person)

TRACY STROM P.A.

(Firm/ Company)

204 BUCK DRIVE NE

(Address)

FORT WALTON BCH FLORIDA 32548

(City/ State and Zip Code)

lenstrom@EMBARQMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY STROM

(Name of Contact Person)

at (850) 243-5451

(Area Code & Daytime Telephone Number)

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

<input type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee &	<input checked="" type="checkbox"/> \$43.75 Filing Fee &	<input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status	Certified Copy	Certificate of Status	Certified Copy
	(Additional copy is	(Additional copy is	
	enclosed)	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

BLUEWATER BARRACUDA SWIM TEAM, INC

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

N04000005206

(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:

COAST AQUATICS INC

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)

204 BUCK DRIVE
FORT WALTON BCH
FL. 32548

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

204 BUCK DRIVE
FORT WALTON BCH
FL. 32548

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:

TRACY STROM

204 BUCK DR. NE

(Florida street address)

New Registered Office Address:

FORT WALTON BCH, Florida 32548
(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 position.

x Tracy Strom
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 PT John Doe
☐ Remove V Mike Jones
☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>KATHLEEN BROADERICK</u>	<u>1013 CROCKED CREEK COVE</u> <u>NICEVILLE</u> <u>FL. 32578</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T.</u>	<u>CHRISTINE R. MARKWARDT</u>	<u>4400 SURREY LANE</u> <u>NICEVILLE</u> <u>FL. 32578</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S.</u>	<u>LOUANN BRECHLER</u>	<u>112 RAMONDECT</u> <u>NICEVILLE</u> <u>FL 32578</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ROBERT B. KALE</u>	<u>46 POPLAR</u> <u>SHALIMAR</u> <u>FL. 32579</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>STACIE De ROSA</u>	<u>1910 KADIMA CIR.</u> <u>FORT WALTON BCH</u> <u>FL 32548</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ANGELA BALENT</u>	<u>113 SLEEPY OAKS RD NW</u> <u>FORT WALTON BCH</u> <u>FL 32548</u>

[illegible]

The date of each amendment(s) adoption: Dec 23, 2011

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 Dec 23, 2011

Signature x Kathleen Broaderick
(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)

KATHLEEN BROADERICK
(Typed or printed name of person signing)

AS president
(Title of person signing)