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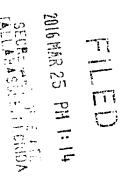
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COVER LETTER

TO: Amendment Section

Division of Corporations Coastal Construction Products, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: 434536 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Sheffield Name of Contact Person Sorrento Management, Inc. Firm/ Company 3401 Philips Highway Address Jacksonville, FL 32207 City/ State and Zip Code DSheffield@CoastalOne.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 391-3412 Area Code & Daytime Telephone Number David Sheffield 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 is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Coastal Construction Products, Inc.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
434536	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
CCP Management, Inc.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDR	ESS)
C. Enter new mailing address, if applicable:	N/A IT S
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered	l office address in Florida anter the name of the
new registered agent and/or the new registered off	
Name of New Registered Agent N/A	Cont ()
Hame of New Registered rigem	
	(Florida street address)
	(1.15) MA Sh cor add cosy
New Registered Office Address:	(City), Florida(Zip Code)
	(1-5)) (Exp Solly)
New Registered Agent's Signature, if changing Registe	ered Agent:
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
Signatu	re 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

<u>If amending or adding additional Arti</u> (Attach <i>additional sheets</i> , <i>if necessary</i>).	(Be specific)
/A	
100000000000000000000000000000000000000	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s
'A	

The date of each amendmen date this document was signed		, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	nt
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	3/2016	
Signature 4	Odlow	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	David Sheffield	
	(Typed or printed name of person signing)	
	Chief Financial Officer	
	(Title of person signing)	