F21711

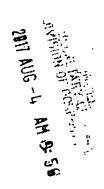
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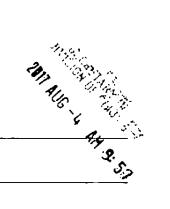
AUG 10 TOT O MICHAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	oach, Inc.	
DOCUMENT NUN			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	J. Theodore Schatt		
		Name of Contact Person	<u> </u>
	Schatt & Hesser, P.A.		
		Firm/ Company	
	PO Box 4440	ении Сотрану	
		Address	
	Ocala, Fl. 34478	Addiess	
	Ocala, 112 34476		
		City/ State and Zip Cod	e
tsch	att@schatthesser.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Ted Schatt		352	789-6520
	of Contact Person	at () 789-6520 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M:</u>	ailing Address	<u>Street</u>	Address
Amendment Section		Amend	lment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	
ranassee, PL 32314		Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Florida Custom Coach, Inc.

(<u>Name</u>)	of Corporation as currently	filed with the Florida Dept. of State)	77/10
F21711			٠,
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Iorida Profit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the al o". A professional corporation name must c .A."	
B. Enter new principal office address,	if applicable:		
Principal office address MUST BE A S	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)			
			
 If amending the registered agent an new registered agent and/or the new 		ss in Florida, enter the name of the	
Name of New Registered Agent	J. Theodore Schatt		
and opiner regimeres rigen	328 NE 1st Ave., Suite 100		
	(Florida stree	t address)	
New Registered Office Address:	Ocala	. Florida	
	(((Zip C	(ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations of the position.	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D/P/AT	Amber Deanne Calhoun	Leesburg
Add XX Remove			
2) XX Change	D/VP/S	Dustin Windell Calhoun	31017 Airway Road
Add			Leesburg, FL 34748
Remove 3) XX Change	D/P/T	Sherry Lynn Calhoun	31017 Airway Road
, Add	-		Leesburg, FL 34748
Remove			
4) Change	-11_2 1		
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
· -	
<u> </u>	
f an amandment provides for an ave	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	— · · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
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 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)	
☐ 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	
Signature (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)	
(Typed or printed game of person signing)	
(Typed or printed fame of person signing)	
President	
(Title of person signing)	