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(Ćit	y/State/Zip/Phone #)	
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JUN 03 2019 S. YOUNG FILED

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: Southcoast, Inc.		
DOCUMENT NU			
The enclosed Artic	cles of Amendment and fee are su	ibmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	Jennifer Trent		
		Name of Contact Perso	n
	Southcoast, Inc.		
	<del></del>	Firm/ Company	
	P.O. Box 3059		
		Address	
	Stuart, Florida 34995		
		City/ State and Zip Cod	e
ir	ent@naisouthcoast.com		
<del></del>		sed for future annual report	notification)
	,	,	,
For further inform	ation concerning this matter, pleas	se call:	
Jennifer Trent		at (	286-6292
Na	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
I I	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Southcoast, Inc.						
( <u>N</u> ame	of Corporation as currently	filed with the Florida Dep	ot. of State)			
G26257						
	(Document Number of	Corporation (if known)				•
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation 3	idopts the fo	llowing a	mendr	nent(s
A. If amending name, enter the new n	ame of the corporation:					
				T	ne ne	11'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpor	orated" or vation name	the abbr	eviatio tain th	n w
B. Enter new principal office address, (Principal office address MUST BE A S				EX	19%	
					HAY	71
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				SEE.	16	I E C
				<u> </u>	ά; <u>π</u>	_
			<del>'\$</del>	<b>A</b>	<u> </u>	
D. If amending the registered agent ar		ess in Florida, enter the na	me of the			
new registered agent and/or the ne						
Name of New Registered Agent	Jennifer Trent					
	2055 South Kanner Highwa	у				
	(Florida stree	et address)	-			
<u>New Registered Office Address:</u>	Stuart		. Florida	994		
		City)	_, 1 10111114	(Zip Cod	e)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	Jennifer Trent	P.O. Box 3059
Add			Stuart, Florida 34995
Remove			
2) X Change	V	Nikolaus Schroth	P.O. Box 3059
Add			Stuart, Florida 34995
Remove			<u> </u>
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

rmach aaanto	or adding additions onal sheets, if necess	sary). (Be specij				
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an amendm	ent provides for a	<u>n exchange, recla</u>	ssification, or car	ncellation of issu	ed shares,	
provisions fo (if not an	or implementing the plicable, indicate N	<u>e amendment if n</u> !/4)	ot contained in the	he amendment it	self:	
(9) 14/1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···•,				
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5/8/2019
The date of each amendment(s) adoption:, if other than
date this document was signed.
5/8/2019
Effective date if applicable:  (no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval
by
(voting group)
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder</li> </ul>
action was not required.
5/8/2019 Dated
Signature  (By a thrector 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)  Jennifer Trent
(Typed or printed name of person signing)
President
(Title of person signing)