H15054

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. **TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{G}{2}$	Gulf (Coast	Title	and	Abstra	act of	Pana	ama	City,	Inc.
DOCUMENT NUMBER:	H	H 750 54	•							
The enclosed Articles of Amendm	nent ar	nd fee	are subi	mitte	d for fil	ing.				
Please return all correspondence c	concer	ning th	nis matte	er to	the follo	owing				
м	1ichae	el P.	Sharp							
		(Name	of Conta	ict Per	rson)					
G	Gulf (Coast	Title	and	Abstra	act of	Pana	ama	City,	Inc.
		(F	irm/ Con	npany)	1					
P	Post (Office	Box 3	35485	5					
			(Addre	ss)						
P	Panama	a City	7, FL 3	32412	2					
· · · · · · · · · · · · · · · · · · ·		(City/	State and	Zip C	ode)					
For further information concerning	g this	matter	, please	call:						
Michael P. Sh			a	\ <u> </u>			22 30			
(Name of Contact Person	n)				(Area Co	de & D	aytime	Telep	phone N	umber)
Enclosed is a check for the follow	ing an	nount 1	made pa	ayabl	e to the	Florid	a Dep	artm	nent of	State:
\$35 Filing Fee \$43.75 Filing Fee Certificate				Cert (Add	75 Filing ified Cop litional collosed)	у			Certif Certif (Addi	O Filing Fee Teate of Status Ted Copy Ttional Copy Closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			A D C	meno livisio liftor	Addred Ment Son of Con Buildi	Section orpora ng	tions	rcle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Gulf Coast Title and Abstract of Panama City, Inc.

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

H75054

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable of the comparated of the abbreviation "Corn"				
incorporated" or the abbreviation "Corp.," Co". A professional corporation nam				
ssociation," or the abbreviation "P.A."	ie musi comun	ine noru	chartere	u, projession
B. Enter new principal office address, if app				
Principal office address <u>MUST BE A STREE</u>	<u> </u>			
	•			
	-			
Tutou nove mailing adduces if applicable				
Enter new mailing address, if applicable				
- IMAIIING AAARESS MAY BE A PUNI OFFI				
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>) _			
(Malling dadress MAY BE A POST OFFI	<u>CE BOX</u>)			
(Matung address MAY BE A POST OFFI	<u>CE BOX</u>)			
(Malling dadress MAY BE A POST OFFI	<u>CE BOX</u>)			
	-	ddress in 1	lorida, en	iter the name of
	registered office a		lorida, en	iter the name of
o. If amending the registered agent and/or new registered agent and/or the new regi	registered office a		lorida, en	iter the name of
). If amending the registered agent and/or	registered office a		lorida, en	iter the name of
D. If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent:	registered office a istered office addr	ess:		iter the name of
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office a istered office addr			iter the name of
D. If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent:	registered office a istered office addr	ess:		_
D. If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent:	registered office a istered office addr	ess:		ter the name of

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being rémoved and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Sharp, Michael P.	P O Box 135	☐ Add
		Lynn Haven, FL 32444	XX Remove *see note belo
SSVP	Sharp, Tanya T	P O Box 135	□ Add
		Lynn Haven, FL 32444	Remove
TD	Sharp, Tanya T	P O Box 135	—— □ Add
		Lynn Haven, FL 32444	xx Remove
provis		nge, reclassification, or cancellation of ment if not contained in the amendment	
			<u> </u>

The date of each amendment(s) adoption:2/1/09
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	2/1/09
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Michael P. Sharp (Typed or printed name of person signing)
	Director
	(Title of person signing)