N1000000435

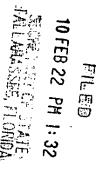
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Jayon Jayon

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fla West Coa	st Transgender, Inc	
DOCUMENT NUMI	BER: N10000000435		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		a A Bennett	
	(Name of	Contact Person)	
	Fla West Coa	st Transgenders, Inc	
	(Firm	n/ Company)	
	2516	Linwood Dr	
 	(,	Address)	
	Sarasota	a Florida 34232	
	(City/ Sta	te and Zip Code)	,
		-coast-transgenders.com	
	E-mail address: (to be use	ed for future annual report notific	cation)
For further informatio	n concerning this matter, pleas	e call:	
Laura A Bennett		at (941) 780-23	80
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to the Florida Departmen	nt 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)
	ng Address	Street Address	,
•	dment Section	Amendment Section Division of Corporati	ons
P.O. Box 6327 Clifton Building		Olio	
Tallahassee, FL 32314 2661 Executive Center Circle		er Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Fla West Coast Transgenders, Inc (Name of Corporation as currently filed with the Florida Dept. of State) N1000000435 (Document Number of Corporation (if known)

A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	or "Co." may not be used in the n	
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		FEB 22 PM
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		0
(Muning unitess MAT BE AT OST OTT		B
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Flor	ida, enter the name of the
D. If amending the registered agent and/or	registered office address in Flor	ida, enter the name of the
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Flor	
D. If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent:	registered office address in Flor gistered office address:	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Ed	Bryony D Novakoski	2516 Linwood Dr Sarasota Florida 34232	
			— —
			
	ding or adding additional Articles, additional sheets, if necessary). (Be s		
		1 10 10 To 10 10 10 10 10 10 10 10 10 10 10 10 10	
···			
		44	
			
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment	t(s) adoption: February 5,2010
Effective date <u>if applicable</u> :	(date of adoption is required) February 5,2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
_{Dated} Feb	ruary 17,2010
Signature	Laure a Bonnett
hav	the chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Laura A Bennett
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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