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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corportions

TREASURE COAST WARRIOR, INC. NAME OF CORPORATION:	
N1600000	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Byfield S. Birch	
(Name of Contact Person)	
Treasure Coast Warriors, Inc.	
(Firm/Company)	
10427 S.W. Lands End Place	
(Address)	
Palm City. FL 34990	
(City/ State and Zip Code)	
treasurecoastwarriors@gmail.com	
E-mail address: (to be used for future annual report notif	Teation)
For further information concerning this matter, please call:	
Byfield Birch 954	914-9036
	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department	ent of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)	1\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation :	as current	ly filed with the Flo	orida Dept. of State)	
N16000001530				
(Docum	ent Numbe	r of Corporation (if	known)	
cursuant to the provisions of section 617,1006. Flori mendment(s) to its Articles of Incorporation:	da Statute:	s, this <i>Florida Not F</i>	For Profit Corporation adopts the	tollowi n g
. If amending name, enter the new name of the	corporati	on:		
Ñ/A				The new
name must be distinguishable and contain the word Company" or "Co." may not be used in the name		ion" or "incorporat	ed" or the abbreviation "Corp." o	or "Inc."
Enter you unincinal office address: if annioah	.las	N/A		
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)				261
			م بهتم است. الم	an a
				10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NI/A	, ,	
		N/A		
			;• ≠- ;	رب
			ر به را الله الله الله الله الله الله الله	<u>. ഗൂ</u>
. If amending the registered agent and/or regist			a, enter the name of the	
new registered agent and/or the new registere	<u>d office a</u>	<u>ldress:</u>		
Name of New Registered Agent:	N/A			
	N/A			
	-	•	(Florida street address)	
New Registered Office Address:				
	N/A		, Florida	
		(Citv)	(Zip Code)	
iew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	<mark>egistered</mark> . I am far	Agent: niliar with and acce	pt the obligations of the position.	
	Si	onature of New Reo	istered 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 X Remove X Add	<u>y</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PV	Byfield S. Birch	10427 SW Lands End Place
Add			Palm City, FL 34990
Remove			
2) Change	P	Christopher Maxon	832 NW Greenwich Ct.
Add			Port St. Lucie, FL34983
X Remove			
3) Change	T	Donna Beall	3304 SW Villa Place
<u>X</u> Add			Palm City, FL 34990
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary): (Be specific)	
N/A	
	, , , , , , , , , , , , , , , , , , , ,

to the tri	

			March 4, 20	016		
	te of each amer s document was					, if other than the
Effectiv	e date <u>if appli</u>	able:				
			(no more than	90 days after amendi	nent file date)	
			ek does not meet the artment of State's re		iling requirements, this date	will not be listed as the
Adoption of Amendment(s)			(CHECK ON	<u>NE</u>)		
	e amendment(s) s/were sufficien			rs and the number of v	votes cast for the amendmen	t(s)
	ere are no mem opted by the bo			on the amendment(s).	The amendment(s) was/wer-	e
	Dated	3-4-2016				
	Signature		15.	12		
		have not bee		orporator – if in the h	ent or other officer-if directo ands of a receiver, trustee, o	
		Byfield S	. Birch			
			(Туре	d or printed name of p	person signing)	_
		INCORP	ORATOR/REGISTE	ERED AGENT/VICE	-PRESIDENT	
		-		(Title of person	signing)	_