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COVER LETTER

TO: Amendment Section Division of Corporations

 $(A_{ij},A_{ij}$

NAME OF CORPORATION:	ers Guild, Inc.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Jason L Perry			
	(Name of Contact	Person)	
Suncoast Developers Guild, Inc.			
	(Firm/ Compa	ny)	
2220 Central Ave			
	(Address)		
St. Petersburg, FL 33712			
	(City/ State and Zi	p Code)	
jason@suncoast.io			
E-mail address: (to be use	ed for future annual r	eport notification)
For further information concerning this matter, pleas	e call:		
Jason L Perry	_	727 at	201-2012
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	i Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi r is — Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section	_	Street Address Amendment Section	on

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Suncoast Developers Guild, Inc.

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(Name of Corporation as current	tly filed with the Florida Dept. of State)		
N17000010648			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes imendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporation	on:		
N/A	The new		
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp," or "Inc."		
B. Enter new principal office address, if applicable:	2220 Central Ave		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	St. Petersburg, FL 33712		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2220 Central Ave		
	St. Petersburg, FL 33712		
). If amending the registered agent and/or registered office	e address in Florida, enter the name of the		
new registered agent and/or the new registered office ag	idress:		
Name of New Registered Agent: N/A			
New Registered Office Address:	(Florida street address)		
	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered a hereby accept the appointment as registered agent. I am fan			
Sis	gnature 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 X Remove X Add	<u>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Toni Warren	2403 W MISSISSIPPI AVE
Add			TAMPA, FL 33629
X Remove			
2) Change	CTOD	Gavin Stark	200 50th Ave North
Add			St. Petersburg, FL 33703
X Remove			_
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach a	additional sh	eets, if necessar	Articles, enter chay). (Be specific)				
N/A							
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, th document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the ame was/were sufficient for approval.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) we adopted by the board of directors.	as/were
Dated October 7, 2018	
Signature	
(By the chairman of vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, tru other court appointed fiduciary by that fiduciary)	directors stee, or
Jason L Perry	
(Typed or printed name of person signing)	
Chief Executive Officer	
(Title of person signing)	

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