


 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H200000231853)))



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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : FORSYTH & BRUGGER, P.A.
 Account Number : I20040000147
 Phone : (239)263-6000
 Fax Number : (239)263-6757

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Jbrugger@forsythbrugger.com

SECRETARY OF STATE
 TALLAHASSEE, FL
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 SEASCAPE BUILDERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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January 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEASCAPE BUILDERS, INC.
600 5TH AVE S
STE 207
NAPLES, FL 34102US

SUBJECT: SEASCAPE BUILDERS, INC.
REF: P00000098245

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

~~Submitted a Florida LLC form instead of a Florida Corporation form.~~

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

FAX Aud. #: H20000023185
Letter Number: 720A00001622

H200000231023

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Seascope Builders Inc.

DOCUMENT NUMBER: P00000098245

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John N Brugger
Name of Contact Person

Seascope Builders Inc.
Firm/ Company

600 5th avenue south suite 207
Address

Maples FL 34102
City/ State and Zip Code

jbrugger@forsythbrugger.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John N. Brugger at (239) 263-6000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H200000231853

Articles of Amendment
to
Articles of Incorporation
of

Seascope Builders Inc.

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

P00000098245

(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:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida
(City) (Zip Code)

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

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

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), P.S.

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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:

- Change PT John Doe
- Remove V Mike Jones
- Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Marguerite Canada</u>	<u>600 5th avenue S.</u> <u>Suite 207</u> <u>Naples FL 34102</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VP</u>	<u>Richard Forman</u>	<u>600 5th avenue S</u> <u>Suite 207</u> <u>Naples FL 34102</u>
3) <input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VP</u>	<u>Paula Davis</u>	<u>600 5th av. S. Suite 207</u> <u>Naples FL 34102</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Meghan Davis</u>	<u>600 5th avenue</u> <u>site 207</u> <u>Naples FL 34102</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated 01/23/2020

Signature _____
(By a director, 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)

John N. Brugger
(Typed or printed name of person signing)

President
(Title of person signing)

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