

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



H200000231853ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 __ Ibrygere Gorayth bryger.com

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

O SIMMONS



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.

Elemitica a protida dio topostoria de corporation formal

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 FAX Aud. #: H20000023185

Regulatory Specialist II Supervisor Letter Number: 720A00001622

TO: Amendment Section

COVER LETTER

Division of Corporations Seuscape Builders Inc. 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 Seuscape Builders Inc.
Pilm/Company 5th avenue south suite 207 Naples FL 34102 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Plorida Department of State: **□\$43.75** Piling Fee & □\$52.50 Filing Fee ☐ \$35 Filing Pee □\$43.75 Filing Fcc & Certificate of Status Certificate of Status Cartified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of		
Seasc	ape Ruilder	s Inc.	
(Name of Corporati	on as currently filed with the		
2008	0000 9 A 24 C		
(Docum	nent Number of Corporation (if	f known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit C</i>	Corporation adopts the following ar	nendment(s) to
A. If amending name, enter the new name of the co	orporation:		
		(Q,	2
name must be distinguishable and contain the word "co	ornaration " "campany " os "i	ncorporated" or the abbreviation?"	e Rev Confer
"Inc.," or Co.," or the designation "Corp," "Inc,"	" or "Co". A professional o	corporation name must contain it	re r yg Ed
"chartered," "professional association," or the abbre	viation "P.A."	<u>→</u> —	* 2 * 2
B. Enter new principal office address, if applicable	•		ယို
(Principal office address MUST BE A STREET ADI		<u> </u>	-A
			== (
	• •	끄듬	 ယ
C. Enter new mailing address, if applicable:	.27		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			<u></u>
D. If amending the registered agent and/or register	red office address in Florida,	enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
<u></u>	- -		
-	(Claude administration)		
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)
·			
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the abliqueious af the monition	
i nereby accept the appointment as registered agent,	1 от јатише мин а на а ссері і	me oonganons of the position.	
Sione	nture of New Registered Agent,	if changing	
Signi		2	
Check if applicable			
The amendment(s) is/are being filed pursuant to s. (507.0120 (11) (e), P.S.		

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)

Example:

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.

X Change	PT John Doe	
X Remove	V <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1)Change	VP Marquente Canada	600 5th avenue S.
Add	;	Suite 707
X Remove		Noples FL 34102
2) Change	VP lichard formen	600 5th avenue S
X Add		Suite 207
Remove 3) Change	UP Paula Davis	Noples FL 34102
_X_Add		600 Sthav. S. Suik 207
Remove		Naples FL 34/02
4) Change	VP Meghan Davis	600 5th aunue
X Add		sile 207
Remove		Sile 207 Naples FL 341028 ARR
5) Change		ALC:
Add		- 423 H
Remove		(() =
6)Change		
Add		47E
Remove		

ttach additional sheets, if necessary). (Be spec	îc) · ·		
			
		·	
	·		
			71. 026.
			
			AR9
			SECRENARY OF STATE
			<u> </u>
			~~ <u>, </u>
		 -	
	•		
			
• •	•		
an amendment provides for an exchange, recl	ssification, or cancell	ation of issued share	.
rovisions for implementing the amendment if (if not applicable, indicate N/A)	or contained in the a	menument useu:	
	•		
			
			

The date of each amendment(s) adoption:	if other than t
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 dat document's effective date on the Department of State's records.	e will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	n and shareholder
☐ 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 statemer 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	2020 JAN 23 SECRETARY
by"	> Z
(voting group)	妄型 23 mm
	တိုင္ 👱 👖
Dated 01/23/2020	mos 🚊 🌉
	AHII: 39 OF STATE SEE, FL
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 fiductary by that fiduciary)	
John N. Brugger (Typed or printed name of person sighing)	
President	
(Title of person signing)	