## PUICUUS 10720

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(Requestor's Name)	ii ii
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PICK-UP WAIT	MAIL
(Business Entity Name)	11
(Document Number)	
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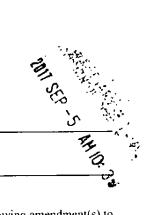
2017 SEP -5 AM 10: 34



## **COVER LETTER**

	COVER LETTER	
TO: Amendment Section Division of Corporations		M1 SEP 5 M 10: 3%
NAME OF CORPORATION: WEST COAST	LANDSCAPING INC	7
DOCUMENT NUMBER: P01000080720	·	ي بي چي
The enclosed Articles of Amendment and fee are	submitted for filing.	<del>,</del>
Please return all correspondence concerning this	matter to the following:	
JOHN SHELTON		
	Name of Contact Person	
WEST COAST LANDS	APING INC	
<del></del>	Firm/ Company	
3215 BETTY DR		
	Address	
SARASOTA, FL 34232		
	City/ State and Zip Code	
WCOASTACC@AOL.COM		
E-mail address: (to b	e used for future annual report notification)	
For further information concerning this matter, p	lease call:	
JOHN SHELTON	941 320-8122	
Name of Contact Person	Area Code & Daytime Telephone Number	<del>-</del>
Enclosed is a check for the following amount ma	 ade payable to the Florida Department of State: 	
■ \$35 Filing Fee Certificate of Statu		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



WEST COAST LANDSCAPING INC

(Name of C	Corporation as currently filed with the Florida Dept. of State)	Ty.
P01000080720	i.	ِ (۾  َ
	(Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment	ent(s) to
A. If amending name, enter the new nam	e of the corporation:	
SHELTON ENTERPRISES OF SARASOT	TA INC The new	A <sup>2</sup>
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	in the word "corporation," "company," or "incorporated" or the abbreviation ion "Corp," "Inc," or "Co". A professional corporation name must contain the on," or the abbreviation "P.A."	n e
B. Enter new principal office address, if	applicable:	
(Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/ new registered agent and/or the new	or registered office address in Florida, enter the name of the 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 cha I hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar with and accept the obligations of the position.	
-	Signature of New Registered Agent, if changing	

address of each Officer's (Attach additional sheets, Please note the officer/dir P = President; V = Vice i Executive Officer; CFO = held. President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D  if necess rector title President = Chief F r, Directo in the fol wes the co	irector being ary)   e by the first la : T= Treasure Financial Office for would be P Howing manne proporation, Se	added:  etter of the office title:  er; S= Secretary; D= Director; TR=  cer. If an officer/director holds more  TD.  er. Currently John Doe is listed as the  dly Smith is named the V and S. Thes	Trustee: C = Chairman or Clerk; CEO = Chief e than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is the should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	]	
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>		<u>Addres</u> s
I) Change			<u> </u>	
Add				
Remove				
2) Change			11	
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			1	
Add				

\_\_ Remove

. If amending or adding additional Articl	es, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
-	
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	li e
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	! <u></u>
	l l
	(1

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) ( <u>CH</u>	ECK ONE)
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s) proval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amen	dment(s) was/were sufficient for approval
by	."
(voti	ng group)
☐ The amendment(s) was/were adopted by the baction was not required.	oard of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the i action was not required.	 ncorporators without shareholder action and shareholder    
08-30-2017 Dated	
Signature Rhy walks	
(By a director, presi	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	
JOHN SHE	UTON
	llyped or printed name of person signing)
PRESIDEN	II T Ii
<del></del>	(Title of person signing)
	<b>!</b>
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