t 05/26/2016 01/05 Division of Cospose Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** 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. (((H160001304063))) H1 60001 304063ABCV 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 : JOHN M WICKER PA Account Number : 120070000104 : (239)939-2222 Phone Fax Number : (239)939-2280 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one address please. ** mnil m w.com Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN 2016 SEACOAST COTTAGE COMPANY, INC. MAY Certificate of Status Ø RECEIVED Certified Copy 0 26 Page Count 05 16 MAY 26 RAY 3 Estimated Charge \$35.00 〉 ☴ L. Electronic Filing Menu Corporate Filing Menu Help H 1 6000 1304063 2016

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00/26/2016 01:08 239-939-2280	COSTELLO ROYSTON&WIC PAGE 02/
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• •	Articles of Amendment
A	to rticles of Incorporation of
SEACOAST COTTAGE COMPANY, INC.	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P04000074506	• • • • • • • • • • • • • • • • • • •
(Docume	ent Number of Corporation (if known)
its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguistiable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the ubbreviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOD	2 · · · · · · · · · · · · · · · · · · ·
(munung unuress <u>mar be ar ost orrect nor</u>	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered o	<u>inice adoress:</u>
Name of New Registered Agent	
	(Florida street address)
<u>New Registered Office Address:</u>	(City) Florida Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	stered Avent:
· · · · · · ·	
Siona	ture of New Registered Agent, if changing
~- K·	N CONTRACTOR CONTRACTOR

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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: XChange	<u>PT</u>	John Doe	
X Remove	Y I	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	ANDREA VAN BUREN	1428 ALBATROSS ROAD
X Add			SANIBEL, FL 33957
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
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Add			
Remove			
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÷ . ٢ 239-939-2280 COSTELLO ROYSTON&WIC 05/26/2016 01:58 PAGE 04/05 H 16000 130 4063 E. Mamending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A . 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) N/A H 16000 130 4063

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The date of each smoothmen	UPON FILING	·····	, if other than the	
date this document was signed	L			
Effective data if applicable:	UPON FILING			
	•	90 days after amendment file date)		
Note: If the date inserted in document's officative date on	this block does not meet the appli- the Department of State's records.	liceble statutory filing requirements, this date w	rill not be listed as the	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/w by the shareholders was/w	ere adopted by the shareholders. The sufficient for approval.	he number of votes cast for the amendment(s)		
The amendment(s) was/w must be separately provid	ere approved by the shareholders th ded for each voting group entitled (nough voting groups. The following statement to vate separately on the amendment(s):		
	es cast for the amendment(s) was/w			
by	(roling group)	, *		
	(voting group)			
action was not required.		rs without shareholder action and shareholder idhout shareholder action and shareholder		
•	¥2016			
Dated	12			
Signature	them			
		fficer - if directors or officers have not been the hands of a receiver, trustee, or other court ry)		
	ARTHUR MONAHAN			
	(Typed or printe	d mane of person signing)		
	PRESIDENT			
	(Thi	le of person signing)		
	4 1600	0 130 4063		
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