## P05 0000000588

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Coastal Business Ir	ntermediaries, Inc.		
DOCUMENT NUN	ワクのクク			
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Jessica Czekalinski			
		Name of Contact Person	1	
	Coastal Business Intermediar	ies, Inc.		
		Firm/ Company		
	7100 E Pleasant Valley Rd Se			
		Address		
	Independence, OH 44131	Address  The company stant Valley Rd Ste 300  Address Stant V		
		City/ State and Zip Code	•	
jczekalinski@merrymtg.com				
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Jessica Czekalinski		at ( 216	674-0645	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy	
A. D P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Division The C	Iment Section on Officerations	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2021 NOV 18 AM 8:

Coastal Business Intermediaries, Inc.

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

SECRETARY OF STATALLAHASSEE, FLOR

P05000000588

	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	In a new distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," o., or the designation "Corp., "Inc.," or "Co". A professional corporation name must contain the word "professional association." or the abbreviation "P.A."  N/A  In a principal office address, if applicable: N/A  We mailing address MUST BE A STREET ADDRESS  We mailing address, if applicable: N/A  In address MAY BE A POST OFFICE BOX  Ming the registered agent and/or registered office address in Florida, enter the name of the stered agent and/or the new registered office address:  Michael Mensch  3155 Suntree Boulevard Ste 101  (Florida street address)  Rockledge.		
A. If amending name, enter the new na	The new emust be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.," "or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word "trered," "professional association," or the abbreviation "P.A."  Inter new principal office address, if applicable: ncipal office address MUST BE A STREET ADDRESS.)  Enter new mailing address MUST BE A STREET ADDRESS.)  Enter new mailing address if applicable: N/A  Mailing address MAY BE A POST OFFICE BOX.  N/A  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  Michael Mensch  3155 Suntree Boulevard Ste 101  (Florida street address)  Rockledge , Florida  The new must be distinguishable and contain the word "corporation" or the abbreviation "Corp.," or "incorporation" or the abbreviation "Corp.," or "incorporation" or the abbreviation "Corp.," or "incorporated" or the abbreviation "Corp.," or "incorporation or "incor		
N/A			The new
"Inc.," or Co.," or the designation "C	orp," "Inc," or "Co".	A professional corporation name m	bbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		N/A	
			<del></del>
C. Enter new mailing address, if applicable:		N/A	
(Mailing address <u>MAY BE A POST (</u>	<u>JFFICE BOX</u> )	<del></del>	
		<del></del>	
D. If amending the registered agent an	d/or registered office add	dress in Florida, enter the name of th	ı <u>e</u>
new registered agent and/or the nev	v registered office addres	<u>s:</u>	
Name of New Registered Agent	Michael Mensch		· · · · · · · · · · · · · · · · · · ·
	3155 Suntree Boulevard	Ste 101	
	(Florida s	reet address)	<del></del>
New Revistered Office Address	Rockledge	, Florid	32955 a
		(City)	(Zip Code)
New Degistered Agent's Signature if a	hanging Registered Agen	ıt•	
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the	position.
W	Tion V	1	
<del>`````</del>	Signature of New	Registered Agent, if changing	

Check if applicable

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

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 <math>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	<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>Name</u>	<u>Addres</u> s
1) Change	CEO	Louis Vescio	3155 Suntree Blvd Ste. 101
Add			Rockledge, FL 32955
X Remove			
2) X Change	CEO	Michael Mensch	3155 Suntree Blvd Ste. 100
Add			Rockledge, FL 32955
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A.				
The state of the s				
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.				

	September 30, 2021	F - al al- a
The date of each amendment(s date this document was signed.	) adoption:, i	f other than
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not	be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder action a	reholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
must be separately provided "The number of votes	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated Signature (By sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Michael Mensch	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	

the