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COVER LETTER

TO: Amendment Section Division of Corporations

,

NAME OF CORPOR	RATION: COASTAL TOWI	NG & ROADSIDE SERVI	CE, INC.	
DOCUMENT NUME	BER: 1188685520CC	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Thomas S. Gibson			
		Name of Contact Person	1	
	Rish & Gibson PA			
	Firm/ Company			
	116 Sailors Cove Drive			
		Address		
	Port St. Joe, FL 32456			
		City/ State and Zip Cod	e	
	coastaltowing@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas		, 229-8211	
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COASTAL TOWING & ROADSIDE SE	RVICE, INC.	
(Name o	f Corporation as curr	ently filed with the Florida Dept. of State)
1188685520CC		2024 JUL 12 PH 1: 04
	(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, t	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation	<u>:</u>
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co"	""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7419 County RD 381
		7419 County RD 381 Wewah, + Chta FL 3246
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7419 COUNTY RD 381
		Wewahitch Kn FL 32464
D. If amending the registered agent and new registered agent and/or the new	<u>d/or registered office :</u> registered office add	address in Florida, enter the name of the ress:
Name of New Registered Agent		
		a street address)
	(Florid	a street address)
	Wewohit	(City), Florida 32465 (City) (Zip Code)
New Registered Office Address:		

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 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: 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	Р	Sean M. Sagins	134 Charles Ave, Wewahitchka, Fl	
Add				
XRemove				
2) Change	Р	Bradley Sagins	7419 County Rd 381	
X Add			Wewahitchka, FL 32465	
Remove 3) Change	VP	Lianna Sagins	134 Charles Ave, Wewahitchka, FI	
Add				
x Remove				
4) Change	VP	Michael Sagins	285 Roberts Cemetery Rd	
x Add			Wewahitchka, FL 32465	
Remove				
5) Change	Sec	Sean M. Sagins	7360 Thornapple Dales Dr	
X Add			Alto, MI 49302	
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
- 	
·	
If an amendment provides for an exchaprovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment 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 amendn	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors w action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the separately of the separat	
"The number of votes east for the amendment(s) was/were sufficient for app	roval
by Coastal towing	**
by Loastal towing (voting group)	<u></u> .
Dated 7.3-24	
(By a director, president or other officer - if directors or of selected, by an incorporator - if in the hands of a receive appointed fiduciary by that fiduciary)	
Seon 509ins (Typed or printed name of person sign	
(Typed or printed name of person sign	ing)
Plesident	
(Title of person signing)	

. . . .