## P05000101546

(R	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	)
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SECRETARY OF STAFE
DIVISION OF CORPORATION

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EAST COA	AST TOWER INC	
DOCUMENT NUMBER: P0500010154	16	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	itter to the following:	
JOSEPH SIGDA		
	Name of Contact Person	
	Firm/ Company	
5197 TOMOKA (	COURT	
	Address	
SAINT AUGUST	INE, FL 32086	
	City/ State and Zip Code	
JOESIGDA@GMAIL	COM	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
JOSEPH SIGDA	at ( 904	874-0352
Name of Contact Person	Area Co-	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, Ft. 32314	Amend Divisio Clifton	Address iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## EAST COAST TOWER INC

14 DEC 29 PH 4: 32

(Name of Corporation as currently filed with the Florida Dept. of State) P05000101546 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 (Florida street address) New Registered Office Address: \_, Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	JEREMIAH C WEAVER	680 GONZALES AVENUE
Add			JACKSONVILLE, FL 32250
✓ Remove  2) Change	VP	DONALD P TAYLOR	820 RITA CIRCLE
Add			ST AUGUSTINE, FL 32086
Remove 3) Change	Τ	MICHAEL W KENTON	106 CALLE MENENDEZ
Add Remove			ST AUGUSTINE, FL 32086
4) Change			
Add			
5) Change			
Add			
6) Change			
Add Remove			

amending or adding additional Articutach additional sheets, if necessary).	(Be specific)	
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1		
		_
<del></del>		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate NA)	endment if not contained in the amendment itself:	
,		—
		_

. The date of each amendment	(s) adoption:	S nvl	r II. ECRETARY ISION OF C	OFSTAIL	, if other than th
date this document was signed					.•
Effective date if applicable:	12/19/14	14	DEC 29	PM 4: 32	
-	(no more i	han 90 days after amendmen	t file date)		
Adoption of Amendment(s)	(CHECK ONE	)			
	re adopted by the shareholders ere sufficient for approval.	s. The number of votes cast for	or the amen	dment(s)	
	re approved by the shareholde ed for each voting group entite				
"The number of votes	s east for the amendment(s) wa	as/were sufficient for approva	l.		
by					
	(voting group)				
The amendment(s) was/we action was not required.	re adopted by the board of dir	ectors without shareholder ac	tion and sha	reholder	
The amendment(s) was/we action was not required.	re adopted by the incorporator	s without shareholder action	and shareho	lder	
Dated_12/1	19/14				
Signature	Audi	. 1 Marie 1940. d. 2000.			
(! so	By a directal firesident or other elected, by an incorporator – i ppointed fiduciary by that fidu	f in the hands of a receiver, tr			•
	JOSEPH SIGDA				
	(Турь	ed or printed name of person s	signing)		-
	PRESIDENT				
		(Title of person signing)			-