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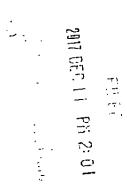
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ______

NAME OF CORPORATION: Coastal Homebuilders inc					
NAME OF CORPORATION: Coastal Homebuilders in a DOCUMENT NUMBER: PO 5 000 141513					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Morgan D Speranzo					
Morgan D SPEYAUZO Name of Contact Person					
•					
Coastal Homebuilders inc					
S608 eight Still CARK Ad					
Address					
PENSOCOLA FL 32526					
City/ State and Zip Code					
MORO EN SCENA TOTO GONALL SOLL					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Morgan Speranzo at 850 , 2555173 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Articles of Amendment to

Articles of Incorporation

2017 DEC 11 PH 2: 01

	of	SALL OCCUPATION SE
	Castal Homebuilder	rs in c
	Corporation as currently filed with the Fl	
	PO 5000 141 513	- 2)
	(Document Number of Corporation (if kr	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:)6. Florida Statutes, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "Co". A profession	
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	<u></u>	ter the name of the
new registered agent and/or the new re	egistered office address:	er the name or the
Name of New Registered Agent	Sherry Speranzo	
	3668 Eight Mile Ci (Florida street address)	
New Registered Office Address:	(City)	, Florida <u>32 5 2 6</u> (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	d agent. I am familiar with and accept the	obligations of the position.
Name of New Registered Agent	egistered office address: Sherry Speranzo 3668 eight Mile Co (Florida street address) Pensacola (City)	erk Rd

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)	Title	Name	Address			
1) Change	<u></u>	Opuglus & Underhill	37 5. Blue Angel PKu			
Add			Pensucola, FL 3250			
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	dding additional Art I sheets, if necessary).				
	•				
	 				
					
					
					<u>.</u>
			 		
		· · ·			
		•			
			on, or cancellation of		
<u>provisions for i</u> (if not appli	mplementing the ame cable, indicate N/A)	endment if not conta	ined in the amendme	nt itself:	
11	D CDarra	· Praila	nt a0- Can	And House	ا ا ا
Morgan	W SPERANZ	U, III E SIGE	nt of Coa	5 (at 1 /10/49) (c)	TEVS: n
will ne) w receive a	ell shares	(1,000) for co	astul Homebai	lders in
		· · · · -			
				-	
		·			
			<u>.</u>		

The date of each amendment(s) adoption:, if oth date this document was signed.	er than the
•	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	_
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	sted as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
If The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/26/2017 Signature 10/26/2017	
Signature January	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	_
fresiden+	
(Title of person signing)	_