P05000164287

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Coastline Tree Se	rvice, Inc.			
	BER: P05000164287				
	of Amendment and fee are so				
Please return all corre	spondence concerning this ma	atter to the following:			
	Jarred D. Duke, Esq.				
		Name of Contact Perso)11		
	Davies Duke, PLLC				
		Firm/ Company			
	3301 Bonita Beach Road, Suite 213				
	Address				
	Bonita Springs, Florida 3413	4			
		City/ State and Zip Cod	de		
	vincent@thesimonelligroup.	com			
		sed for future annual repor	I notitication)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
For further information	n concerning this matter, plea	se call:			
Jarred D. Duke, Esq.		239	405-8033		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made				
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E3852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi:	ing Address ndment Section sion of Corporations Box 6327	Amene Divisio	Address Indicate Section In of Corporations Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Coastline Tree Service, Inc.		
(<u>Name of Corporati</u>	ion as currently filed with the Fl	lorida Dept. of State
P0500164287		-LUDEC II PH
(Docum	ment Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Cor	poration adopts the following and ending
A. If amending name, enter the new name of the co	orporation:	
Coastline Consulting Partners, Inc.		The nev
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional cor	ornarated" or the abbreviation "Corn
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>e:</u> Dress (
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u>)	
If amending the registered agent and/or register new registered agent and/or the new registered.	red office address in Florida, en	ter the name of the
	office fluid cas.	
Name of New Registered Agent		·
	(Florida street address)	
	The first short about (35)	
New Registered Office Address:	r(City)	, Florida(Zip Code)
	$v(\eta)$	(Zip Code)
Sew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the	ablications of the position
		and the second of the second o
		
Signa	tture of New Registered Agent, if c	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.

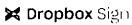
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be 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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

uaen <i>aaaittonat sh</i> e	ng additional Articles vets, if necessary), (1	Be specific)			
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<u>_</u>					
		 .		· 	·-·
in amendment pro	ovides for an exchang	o reclassification	or concellation of	Fiernad charac	
ovisions for imple	menting the amenda	ent if not contain	ed in the amendm	ent itself:	
(if not applicable	r. indicate N/A)			***************************************	
<u> </u>					
					
					
					
		· · · · · · · · · · · · · · · · · · ·			

The date of each amendate this document was:	dment(s) adoption: if other than the signed.
Effective date <u>if applic</u> :	ıble:
	tho more than 90 days after amendment file date)
Note: If the date insertedocument's effective dat	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the e on the Department of State's records.
Adoption of Amendme	nt(s) (<u>CHECK ONF</u>)
The amendment(s) was action was not require	as/were adopted by the incorporators, or board of directors without shareholder action and shareholder ed.
☐ The amendment(s) was by the shareholders w	us/were adopted by the shareholders. The number of votes cast for the amendment(s) vas/were sufficient for approval.
☐ The amendment(s) wa must be separately pr	as/were approved by the shareholders through voting groups. The following statement covided for each voting group entitled to vote separately on the amendment(s):
"The number of	votes east for the amendment(s) was/were sufficient for approval
by	
	(voting group)
Dated_	12 / 08 / 2023
Signati	12 / 08 / 2023
	(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)
	Vincent Simonelli
	(Typed or printed name of person signing)
	President
	(Title of person signing)



Name Change Form - Coastline.pdf Title

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