P06000045762

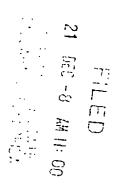
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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P. LEMIEUX DEC 2 2 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CORAL REEF RO	OCK SHOP	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUM	BER: <u>P06000045762</u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	EULA M GROVE		
	LOLA M GROVE	Name of Contact Person	n
	CORAL REEF ROCK SHO	p	
		Firm/ Company	
	4937 BLUE HERON DR		
		Address	
	NEW PORT RICHEY, FL 3		
		City/ State and Zip Cod	с
	emgrove42@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
or lurther informatio	n concerning this matter, plea	se call:	
EULA M GROVE		at (<u>727</u>) 457-1382
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	endment Section sion of Corporations		ment Section n of Corporations
	Box 6327		entre of Tallahassee
	ahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CYADAT DELE DOCK CHOD

(Name of Corporation a	as currently filed with the Florida Dept. of State)
P06000045762	
	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the corpo	oration:
	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word tion "P.A."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	282)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4937 BLUE HERON DRIVE
	NEW PORT RICHEY, FL 34652
If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
	(riorida street adaress)
New Registered Office Address:	(City) Florida (City) (City)
	S
Sew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept the obligations of the position.
Signature	e 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)

Example:

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.

X Change	<u>PT</u> <u>John I</u>	<u>)0e</u>	
X Remove	<u>V</u> <u>Mike</u> .	lones .	
_X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	PSTD	EULA M GROVE	4937 BEUE HERON DRIVE
X Add			NEW PORT RICHEY, FL 34652
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Auaun <i>aaamona</i>	l sheets, if necessary).	(Be specific)			
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C			45	: : :	
provisions for i	t provides for an excl mplementing the ame	endment if not cor	tained in the am	endment itself:	res.
(if not appli	icable, indicate N/A)				
					<u> </u>

•

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 amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ill 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 EULA M GROVE - 100% (voting group) Dated 12/02/2021 Signature (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) EULA M GROVE (Typed or printed name of person signing) PRESIDENT, SECRETARY, TREASURER, DIRECTOR

(Title of person signing)