# Po7000053329

| (Re                     | equestor's Name   | )  |
|-------------------------|-------------------|--|
|                         |                   |  |
| (Ad                     | ldress)           | ,  |
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| (Ad                     | ldress)           |  |
| (Cil                    | ty/State/Zip/Phor | ne #)  |
| PICK-UP                 | ☐ WAIT            | MAIL   |
|                         |                   | ·<br>·   |
| · : (Bu                 | siness Entity Na  | -  |
|                         |                   | ;<br>;   |
| · - (Do                 | cument Number     | )  |
| Certified Copies        | Certificate       | s of Status <u>;                                    </u> |
|                         |                   | ;  |
| Special Instructions to | Filing Officer:   |  |
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SECRETARY OF STATE

TALLAHASSEF FINALIA

AIR 8/3/09

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP  | ORATION:  | COUGHLIN & COUGHLIN, INC.   |     |
|---|---|---|-----|
| DOCUMENT NU   | MBER:   | P07000053329  |     |
| The enclosed Article  | les of Amendment and fe                         | e are submitted for filing.   |     |
| Please return all con   | respondence concerning                          | this matter to the following:   |     |
| _   |   | WANDA L. REEVES   |     |
|   |   | Name of Contact Person  |     |
| _   | ACCOUNTING & CLE                                | RICAL BY REEVES & ASSOCIATES, INC.  |     |
|   |   | Firm/ Company   |     |
|   | 501 GOODLETTE ROAD, SUITE B204                  |   |     |
|   |   | Address   |     |
|   | ALA.  | DUES ELODIDA 24402  |     |
| -   | NAPLES, FLORIDA 34102  City/ State and Zip Code |   |     |
|   | WANDAA<br>E-mail address: (to be                | CRA@EARTHLINK.NET used for future annual report notification)   |     |
| For further informa   | tion concerning this matte                      | er, please call:  |     |
| WAI   | NDA L. REEVES                                   | at ( 239 ) 434-7757   |     |
| Name  | of Contact Person                               | Area Code & Daytime Telephone Number  |     |
| .Enclosed is a check  | -for.the:following-amoun                        | t made payable to the Florida Department of State:  |     |
| 35 Filing Fee   | \$43.75 Filing Fee & Certificate of Status      | Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | ed) |
| Mailing Ad<br>Amendment<br>Division of<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27                   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301       |     |

#### **Articles of Amendment**

to

## Articles of Incorporation

of

FILED

| COUGHLIN  | & COUGHLIN, INC                       | 2009 111 20 -                                   |
|---|---------------------------------------|---|
| (Name of Corporation as curre   | ently filed with the Florid           | 2009 JUL 30 PM 3: 31                            |
| P07   | 000053329                             | SECRETARY OF STATE TALL AHASSEE. FLORIDA        |
|   | nber of Corporation (if kno           | wn) ASSEE. FLORIDA                              |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:  | 6, Florida Statutes, this F           | Ilorida Profit Corporation adopts the following |
| A. If amending name, enter the new name of  | f the corporation:                    |   |
|   |                                       | The new   |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | e designation "Corp," "Inc            | c," or "Co". A professional corporation         |
| B. Enter new principal office address, if app<br>(Principal office address MUST BE A STREE  |                                       | <del></del>                                     |
| (1. mespai ojjytee dadi ess <u>meses seasis penisas</u>   |                                       |   |
|   |                                       |   |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI   |                                       |   |
|   |                                       |   |
| D. If amending the registered agent and/or new registered agent and/or the new regi   |                                       | n Florida, enter the name of the                |
| Name of New Registered Agent:   | · · · · · · · · · · · · · · · · · · · |   |
|   |                                       |   |
| New Registered Office Address:  | (Florida street a                     | address)  |
|   |                                       | , Florida                                       |
|   | (City)                                | (Zip Code)                                      |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a                                       |                                       | and accept the obligations of the position.     |
| S   | Signature of New Registered           | d 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)

| <u>Title</u> | Name   | <u>Address</u>        | Type of Action    |
|--------------|--|-----------------------|-------------------|
|              | , , , , , , , , , , , , , , , , , , ,  |                       | Add Remove        |
|              |  |                       | ☐ Add ☐ Remove    |
|              |  |                       |                   |
|              | ding or adding additional Article idditional sheets, if necessary). (I                               |                       |                   |
|              |  |                       |                   |
|              |  |                       |                   |
| provisi      | mendment provides for an excha-<br>ions for implementing the amend-<br>not applicable, indicate N/A) |                       |                   |
| 50 SHAR      | ES OF STOCK ISSUED TO  | CHRISTINA J. COUGHLIN | IS TO BE REISSUED |
| TO CHRI      | S A. COUGHLIN  |                       |                   |
|              |  |                       |                   |
| <del></del>  | •  |                       |                   |
|              |  |                       |                   |
|              |  | t <sub>a</sub>        |                   |
|              |  |                       |                   |

| The date of each amendment                       | t(s) adoption: 06/01/2009  |
|--|--|
| Effective date <u>if applicable</u> :            | (date of adoption is required)   |
| <del></del>                                      | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                         | (CHECK ONE)  |
|  | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.  |
|  | ere approved by the shareholders through voting groups. The following statement and 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/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder   |
| action was not required.                         | ere adopted by the incorporators without shareholder action and shareholder  |
| Dated  | 7-28-09<br>Ch-Caughter   |
| Signature  | A Careful  |
| (B <del>)</del><br>sele                          | a director, president of other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court |
|  | pointed fiduciary by that fiduciary)   |
|  | CHRIS A. COUGHLIN  |
|  | (Typed or printed name of person signing)  |
|  | PRESIDENT  |
|  | (Title of person signing)  |