P07000103536

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SECRETARY OF STATE,
ALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2009

MARK WASOWICZ GULFCOAST SALES & MARKETING INC. 134 HOLLY AVE SARASOTA, FL 34243

SUBJECT: GULFCOAST SALES & MARKETING INC.

Ref. Number: P07000103536

We have received your document for GULFCOAST SALES & MARKETING INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000091478 - MATTRESS STORE, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 909A00024230

Corrections Howe Been Mode

COVER LETTER

TO: Amendment Section Division of Corporations	.	
NAME OF CORPORATION:	coast Sales	+ Marketing
DOCUMENT NUMBER: POTOPOL	\$3536	-
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Mark V	Desource me of Contact Person	····
Gulfconst Sale	Firm/Company	ng
134 Holly Au	Address	
Sacrata (City	State and Zip Code	
WazioZave E-mail address: (to be used I	or future annual report notification)	
For further information concerning this matter, pl	ease call:	
Mark Wasance Name of Contact Person	at (941) 350 - Area Code & Daytime Tel	ephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depart	tment of State:
\$35 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)
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circl	e

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

(Document Number of Corporation (if known)

of'

Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name of the name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "profess."	word "corporation," ignation "Corp," "Inc	," or "Co". A profession	The new orated" or the
B. Enter new principal office address, if applica	ble:		
(Principal office address MUST BE A STREET A C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>DDRESS</u>)		FILED JL 21 PM 4: 15 JL 21 PM 4: 15 ARASSEE, FLORIDA
D. If amending the registered agent and/or registered agent and/or the new registered. Name of New Registered Agent:		n Florida, enter the name	of the
New Registered Office Address:	(Florida street d	address)	
	·	, 	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Agent:		of the position.
Signo	ature of New Registere	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:

<u>Title</u>		Name	Address	Type of Action
	- `			Add Remove
	_			
			<u> </u>	Remove
	_			
E. If a (atta	mendin	g or adding additional Articles, enter of tional sheets, if necessary). (Be specific	change(s) here:	

	<u>ovisions</u>	ndment provides for an exchange, reclaration for implementing the amendment if napplicable, indicate N/A)		
	·· . · · · · · ·			

The date of each amendment(s) a	doption: $7-/-99$	
(date of adoption is required)		
Effective date if applicable:		
(no	more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	• • • • • • • • • • • • • • • • • • • •	
(vot	ing group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	1/09	
selected,	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
<u>_ </u>	(Typed or printed name of person signing)	
	(Title of person signing)	