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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Coastal Homes	of Palm Beach, Inc.
DOCUMENT NUMBER: P08000011105	
The enclosed Articles of Amendment and fee are	submitted for filing.
	matter to the following:
James E. Moye	
	Name of Contact Person
Coastal Homes of Palm Be	each, Inc.
	Firm/ Company
5959 Blue Lagoon Drive	Suite 200
- 	Address
Miami, FL 33126	
	City/ State and Zip Code
Jmoye@coastalconstruction.com	
. –	used for future annual report notification)
	, , , , , , , , , , , , , , , , , , ,
 For further information concerning this matter, pl	ease call:
Innex IS Many	205
James E. Moye	at (305) 559-4900
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mac	le payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Sertificate of Status	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Coastal Homes of Palm Beach, Inc.

(<u>Name</u>)	of Corporation as cu	rently filed with the Florid:	a Dept. of State)	
P08000011105				
	Document Nun	ber of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes	, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) 1
A. If amending name, enter the new na	 ime ofithe corporatio	<u>n:</u>		
Coastal Construction of Central Florida,	Inc.		The new	
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	ation Corp," "Inc," tion," or the abbrevia	or "Co". A professional c	ncorporated" or the abbreviation	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			<u>. </u>	
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office v registered office ad James E. Moye	dress: rive, Suite 200	ne name of the	パニアに
	1	da street address)		
New Registered Office Address:	Miami		, Florida	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agant. I am fam			

Page I of 4

Please note the officer/dir	g necess ractor titl	a by tha tiret latter	of the office title:	
				Trustee; C = Chairman or Clerk; CE() = Chief
Executive Officer: CFO	= Chief F	inancial Officer.	If an officer/director holds mor	e than one title, list the first letter of each office
held. President, Treasurer			3	· · · · · · · · · · · · · · · · · · ·
			Currently John Doe is listed as th	he PST and Mike Jones is listed as the V. There is
				se should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove,	, and Sal	ly Smith, SV as an	Add	
Example:				•
X_Change	PT	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
(Cheek One)		<u> </u>		
1) Change	P	Selan D	eMartino	5959 Blue Lagoon Drive, Suite 200
X	-	-		Miami, FL 33126
Add				
Remove		l		
2) (1)	V	Sean M	urphy	5959 Blue Lagoon Drive, Suite 200
2) Change		_ <u> </u>		-
X Add				Miami, FL 33126
_				
Remove				
3) Change	V	Thömas	s C. Murphy	5959 Blue Lagoon Drive, Suite 200
X				Miami, FL 33126
Add Add				Whath, 1 L 33120
Remove				
Kemove				
	S	 James F	E. Moye	5959 Blue Lagoon Drive, Suite 200
4) Change		- <u>- !!</u>		
X Add				Miami, FL 33126
Remove		[]		
51 Change	D	Thợ h ias 	s P. Murphy, Jr.	
				
Add		li l		
X Remove		H		
6) Change	T	KenAk	derman	5959 Blue Lagoon Drive, Suite 200
X		- 		Minus DL 20126
Add				Miami, FL 33126
Remove				

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)

 If amending or adding additional Artic (Attach additional sheets, if necessary). 	iRu enacific)
(Axusen adamonai sneets, if necessary).	(ъ е specyte)
<u>-</u>	
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	<u> </u>
	<u> </u>
7-2-	<u> </u>
If an amendment provides for an excha	inge reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
(y not appacame, macate wa)	
· · · · · · · · · · · · · · · · · · ·	-
	<u> </u>
	-

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (C	HECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
	 ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	 andment(s) was/were sufficient for approval
by	ting group)
(ve	iling group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	 incorporators without shareholder action and shareholder
Dated	
Signature	
(By a director, presented, by an inc	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
J	Girnes E Moye (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)
	11