TOSOO)	10	14	
(Requestor's Name) (Address) (Address)	90) 0157819	8 39
(City/State/Zip/Phone #)		06/29/090105001	3 **35.00
(Business Entity Name) (Document Number)		and the st	und and a start of a st
Certified Copies Certificates of Status		TALLAHASSEE	2009 JUn 29
		E. FLORIDA	29 AH 8: 36
Office Use Only	G.	J	

Articles of Amendment to Articles of Incorporation of

SLWD'S INC		HERANE M
(Name of Corporation as curre	ntly'filed with the Florida Dept. of S	state)
P 0800011	1014	
(Document Num	ber of Corporation (if known)	SER H
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Florida Prof</i>	it Corporation adopts the for bwing
A. If amending name, enter the new name of	the corporation:	F
COASTAL MEDIATIO	A THO	The real
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	he word "corporation," "company, designation "Corp," "Inc," or "Co"	'. A professional corporation
B. Enter new principal office address, if appl		
(Principal office address <u>MUST BE A STREE</u>	<u>TADDRESS</u>)	
		 ·
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>		
	·••••	
D. If amending the registered agent and/or re	mistered office address in Florida	ntor the name of the
new registered agent and/or the new regis		nter the name of the
	da	
Name of New Registered Agent:	N/IF	
<u>New Registered Office Address:</u>	(Florida street address)	
		. Florida
-	(City)	Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar with and accept th	he obligations of the position.
- <u></u> Si	gnature of New Registered Agent, if c	hanging

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 //	Address	Type of Action
	N/A		🛛 Add 🗆 Remove
			🗋 Add 🗋 Remove
		······································	Add Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

.

	endment(s) adoption: (date of qdoption is required)
Effective date if appl	licable:6/26/09
	(no more than 90 days after amendment file date)
Adoption of Amendr	ment(s) (<u>CHECK ONE</u>)
Fhe amendment(s) by the shareholder) was/were adopted by the shareholders. The number of votes cast for the amendment(s rs was/were sufficient for approval.
) was/were approved by the shareholders through voting groups. The following stateme y 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	, , , , , , , , , , , , , , , , , , , ,
	(voting group)
action was not req) was/were adopted by the incorporators without shareholder action and shareholder
Dat	red 6/26/09
Sia	nature De QUPM
Sigi	(By 3 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)
	GAIL E. DAWSON
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)

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