

PD 90000/4612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300277113883

09/17/15--01014--020 **43.75

FILED
2015 OCT -9 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/cc

OCT - 9 2015

I ALBRITTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2015

JOHN DINSMORE
SEASHORE GRANITE INC
1851 57TH STREET
SARASOTA, FL 34243 US

SUBJECT: SEASHORE GRANITE, INC.
Ref. Number: P09000014612

We have received your document for SEASHORE GRANITE, 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):

Our records indicate the correct name of your entity is as it appears on the enclosed computer printout. If you wish to amend your name, please see the enclosed information for fees and instructions. Otherwise, the name must be corrected throughout your document.

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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 915A00020450

RECEIVED
15 OCT -9 PM 1:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEASHORE GRANITE, INC.

DOCUMENT NUMBER: P09000014612

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN DINSMORE

Name of Contact Person

SEASHORE GRANITE INC.

Firm/ Company

1851 57TH STREET

Address

SARASOTA FL 34243

City/ State and Zip Code

? John@seashoregranite.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN DINSMORE

Name of Contact Person

at (941)

351-6178

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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

SEASHORE GRANITE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000014612

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

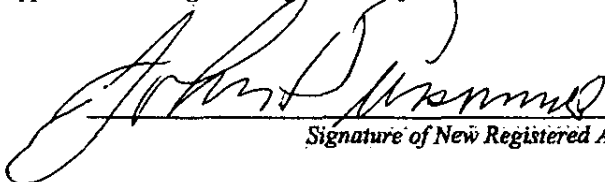
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JOHN DINSMORE
1851 57TH STREET
(Florida street address)

New Registered Office Address: SARASOTA, Florida 34243
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position:



Signature of New Registered Agent, if changing

FILED
2015 OCT 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	JOHNS DINSMORE	1851 57TH ST
<input type="checkbox"/> Add			SARASOTA FL 34243
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	ROBERTA A SILVA	1851 57TH ST
<input checked="" type="checkbox"/> Add			SARASOTA FL 34243
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	P	JOSE ANTONIO VIEIRA	1851 57TH ST
<input type="checkbox"/> Add			SARASOTA FL 34243
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

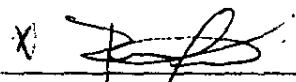
Effective date if applicable: 09/11/2015.
(no more than 90 days after amendment file date)

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 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 _____"
- (voting group)
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

09/11/2015
Dated _____

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)

ROBERTA A SILVA

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)