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SECRETARY OF STATE ALLAHASSEE, FLORID:

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gulfcoast F	oreclosur	e S	olutions, Inc.
DOCUMENT NUMBER: P09000266			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Tammy Cazares			
	Name of Contact Pe	erson	
CZ Innovative			<u> </u>
	Firm/ Company	у	
14925 Indigo La	kes Drive		
	Address	-	
Naples, Florida 3	34119		
	City/ State and Zip	Code	
Tcazares.gfs@gma	il com		
E-mail address: (to be used		enort no	tification)
2 man address. (to be ased	Tor I gran v militar 1 -	-port no	
For further information concerning this matter, please of	all:		
Tammy Cazares	at (_239	9,	248-2465
Name of Contact Person	Area	a Code	& Daytime Telephone Number
Enclosed is a check for the following amount made pay	rable to the Florida	Departi	ment of State:
S35 Filing Fee S43.75 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	St	reet Ac	<u>idress</u>
Amendment Section			ent Section
Division of Corporations	Division of Corporations		
P.O. Box 6327		lifton B	•
Tallahassee, FL 32314			cutive Center Circle ee, FL 32301

Articles of Amendment to Articles of Incorporation of

Gulfcoast Foreclosure Solutions, Ir	
(Name of Corporation as currently filed with the F) P0900026690	lorida Dept. of State)
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
CZ Innovative Solutions Inc.	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	14925 Indigo Lakes Drive
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34119
	- The state of the
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: Name of New Registered Agent	
Nume of New Negistered Agent	
(Florida stre	ret address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered A	gent, if changing IALCR A

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3)Change		_		
Add				
Remove				
4) Change		_		
Add				*****
Remove				****
5) Change				
Add		_		
Remove				
6) Change			W	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
Name Change
•
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)
·

The date of each amendment(s) ad	_{loption:} 3/19/2013
Effective date <u>if applicable</u> : 3/1	19/2013
	(no more than 90 days after amendment file date)
. Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder
_{Dated} 3/19/2	2013
Signature Day	Z
(By a di 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 ed fiduciary by that fiduciary)
•	Tammy Cazares
-	(Typed or printed name of person signing)
	Principal
-	(Title of person signing)