Florida Department of State

Division of Corporations Public Access System

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

COASTAL SOLUTIONS AND ASSOCIATES, INC.

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13234467473 From: Tony Burroughs

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Subject

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COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT N	JMBER: P09000044517	***************************************
The enclosed Arti	cles of Amendment and fee are submitted for filing.	
Please return all c	orrespondence concerning this matter to the following	g:
·. 	Tony Burroughs	
	(Name of Contact Person)	
	Legalzoom.com, Inc. (Firm/ Company)	
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·	(Address)	
	to the same of the same	
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for further inform	ation concerning this matter, please call:	
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Tony Burroughs	at (323) 9	62-8600
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S35 Filing Fee	S43.75 Filing Fee & Status Certified Copy	£ □\$52.50 Filing Fee Certificate of Status
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	enclosed)	(Additional Copy is enclosed)
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Mailing A	ddress Street Address	
Amendme	nt Section Amendment Section	
	Corporations. Division of Corpor	rations
P.O. Box 6		
Tallahasse	e, FL 32314 2661 Executive Ce	
	Tallahassee, FL 32	301

position.

Articles of Amendment to Articles of Incorporation of

COASTAL SOLUTIONS AND ASSOCIATES, INC (Name of Corporation as currently filed with the Florida Dept. of State) P09000044517 (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," "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: New Registered Office Address: (Florida street address) : Florida (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

Signature of New Registered 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: (Attach additional sheets, if necessary)

)		Address	Type of Action
	Kurt Wiltshire	580 BRANTLEY TERRACE WAY #20B ALTAMONTE SPRINGS FL 32714	
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<u>If amen</u>	ding or adding additional Artic	les, enter change(s) here:	
attach d	additional sheets, if necessary).	(Be specific)	
			
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The date of each amendment(s) adoption: 06/02/09		
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Effective date if applicable: (no more than 90 days after a	mandment file date)	
(no more mun zo cays after an	nenumera y ne autre).	
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The amendment(s) was/were adopted by the shareholders.	The number of votes cast for the	amendment(
by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"The number of votes cast for the amendment(s) was/	were sufficient for approval	
• •		
by	17	
(voting group)		
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The amendment(s) was/were adopted by the board of direct	tors without shareholder action a	nd sharehold
action was not required.		
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The amendment(s) was/were adopted by the incorporators	without shareholder action and s	hareholder
action was not required.		
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Signature (By a director, president or other/of selected, by an incorporator – if in appointed fiduciary by that fiduciar	the hands of a receiver, trustee, o	
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Reut	ben Meador	
(Typed or printed	name of person signing)	
	President	<u> </u>
(Title of per	son signing)	
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