P0900082635

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
,	_	
Special Instructions to	Filing Officer:	
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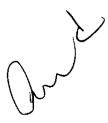


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COVER LETTER

Division of Corporations
NAME OF CORPORATION: I Casul Oast Specialty Supply, Case, Inc. Document number: \$09006082635
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person TREASURE COAST SECIALTY SUPPLY, INC. Firm/ Company 7544 SW SACK TAMES DRIVE Address STUPPL, FZ 34997 City/ State and Zip Code Karen Malus @ Mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HALN M. SYEARS at (772) 708-1139 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address

TO: Amendment Section

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

TREASURE COAST SPECIALTY S	SUPPLY, INC.
(Name of Corporation as currently filed with the	Florida Dept. of State)
P09000082635	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	⊮?r• The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation 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)	"Co". A professional corporation name must contain the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent SAME - LAN	ENH SPEARS
	TAMES DRIVE treet address)
New Registered Office Address: STUART (City	Florida 31/997 (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.

N/A - ADDRESS CHANGE ONLY
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)

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> <u>Johr</u>	n Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change Add Remove				
2) Change Add Remove			\	
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

attach additional sheets, if necessary). (Be sp	pecific)
	· JANUARY · · · · · · · · · · · · · · · · · · ·
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•	
6d4d6h	and a sign and a superior of instant above
provisions for implementing the amendment	reclassification, or cancellation of issued shares, t if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad	loption: 3-7-12
Effective date if applicable:	
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	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):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated_War	ch 07, 2012
Signature #	rien 11 Spears, CEU
(By a di selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	KALEN MALLE SPEARS (Typed or printed name of person signing)
	CED
•	(Title of person signing)