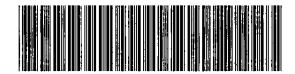
# P09000086362

(Re	questor's Name)	<u>-</u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	···
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Anend C.COULLIETTE

JAN 06 2010

**EXAMINER** 

### COVER LETTER

:.. ' TO': Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORE	PORATION: COASTAL STO	NE OF NORTHWEST FLORIDA IN	c
DOCUMENT NU	MBER: P09000086362		
The enclosed Artic	cles of Amendment and fee as	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
	NICHOLAS R. FANELLA		
	. N	ame of Contact Person	
	PROFESSIONAL OFFICE SEF		
		Firm/ Company	
	434 TANGLEWOOD DRIVE		
••		Address	
5 1 to 1			
	FORT WALTON BEACH FL 32		
	. C	ity/ State and Zip Code	
NF/	ANELLA@COX.NET  E-mail address: (to be use	d for future annual report notification)	<del></del>
	•	•	
For further inform	ation concerning this matter,	please call:	
NICHOLAS R. FAN	ELLA	at (850 ) 862-7131	
	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depar	rtment of State:
\$35 Filing Fee     ∴	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	ddraec	Street Address	
Mailing Address Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6	•	Clifton Building	
	e, FL 32314	2661 Executive Center Circ	ele

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2009

NICHOLAS R. FANELLA PROFESSIONAL OFFICE SERVICES 434 TANGLEWOOD DR FT WALTON BEACH, FL 32547-2918

SUBJECT: COASTAL STONE OF NORTHWEST FLORIDA INC

Ref. Number: P09000086362

We have received your document for COASTAL STONE OF NORTHWEST FLORIDA INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P09000086362/ E & P ENTERPRISES, LLC.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 509A00039496

#### COASTAL STONE OF NORTHWEST FLORIDA 694 BEAL PARKWAY FORT WALTON BEACH FL.32547

#### 12/30/2009

Ms. Cheryl Coullitte Amendment Section Division of Corporations PO Box 6327 Tailaliassee FL 32314

Reference: P09000086362

Dear Ms. Coulitte,

I was advised by your office that our original name change request was not available.

We are resubmitting our amendment documents; we were told that there is no need to reissue our check.

If you have any questions you may call our Incorporator, Nicholas Fanella at 850-862-7131.

Very truly yours,

- Eva Davis, President

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: COASTAL STO	NE OF NORTHWEST FLORIDA IN	<u>c</u>
DOCUMENT N	JMBER: <u>P09000086362</u>		
The enclosed Ami	cles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning thi	s matter to the following:	
	NICHOLAS R. FANELLA		
	N	ame of Contact Person	<del> </del>
	PROFESSIONAL OFFICE SEF	RVICES	
		Firm/ Company	
	434 TANGLEWOOD DRIVE		
		Address	
	FORT WALTON BEACH FL 32	547-2918	
	C	ty/ State and Zip Code	
NF.	ANELLA@COX.NET  E-mail address: (to be used	I for future annual report notification)	<del></del>
	<b>2 </b>	,	
For further inform	ation concerning this matter,	please call:	
NICHOLAS R. FAN	ELLA	at (850 ) 862-7131	
	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depar	tment of State:
⊠ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	nt Section f Corporations	Street Address Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circl	le

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre		ept. of State)	
P09000086362			
(Document Num	nber of Corporation (if known	)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flori</i>	da Profit Corporation ac	lopts the following
A. If amending name, enter the new name of	the corporation:		
EXPORT IMPORT E & P COMPANY			The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc,"	or "Co". A professional	ted" or the corporation
B. Enter new principal office address, if apple (Principal office address MUST BE A STREET)			
			<b>3</b> 555
C. Enter new mailing address, if applicable:			10 JAN -6 PM 12: 19
(Mailing address MAY BE A POST OFFIC	CE BOX)		- 王氮
			— P. 温温
			<u> </u>
D. If amending the registered agent and/or renew registered agent and/or the new registered.		lorida, enter the name of	the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street add	ress)	
		, Florida	
•	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	ng Registered Agent:		
I hereby accept the appointment as registered a		accept the obligations of	the position.
S	ignature of New Registered A	gent, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VPD	PAUL M. FANELLA	434 TANGLEWOOD DR FORT WALTON BEACH FL 3	⊠ Add 254 ☐ Remove
	<del> </del>		
<del></del>			
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
provisi		ge, reclassification, or cancellation of ent if not contained in the amendmen	

The date of each amendment	(s) adoption: DECEMBER 21, 2009
•	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
, ,	tho more than 90 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	ce approved by the shareholders through voting groups. The following statement d 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)
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_DECE	MBER 21, 2009
Signature	Eva Daris
(Ву	a director, president or other officer - if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	EVA DAVIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)