## P1000060956

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	





100210069441

07/18/11--01024--014 \*\*52.50

mens

FILED 11 SEP 28 MID: 43 SEPRETARY OF STATE

1-18-11



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2011

IRINA MELANSON WEST COAST GOLD AND DIAMOND, INC. 2419 BUCKNELL DR VALRICO, FL 33596

SUBJECT: WEST COAST GOLD AND DIAMOND, INC.

Ref. Number: P10000060956

We have received your document for WEST COAST GOLD AND DIAMOND, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 711A00017072

Corrections made in section # E 09/18/2011

Crius Melanson

2419 BUCKNELL Dr.

Valrico, FL, 33596

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

·
NAME OF CORPORATION: West Coast Gold and Dimmond, INC
DOCUMENT NUMBER: P10000060956
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TRINA Me / ANSON  Name of Contact Person
West Coast Gold and DiAmond, Inc
2419 Bucknell Opine
VAIRICO FIA 335-86  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRINA Me/ANSON at (813) 506-0600  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 \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Calcilional copy is enclosed}\$\$ Certificate of Status \$\ \text{Certified Copy} \ (Additional Copy is enclosed)\$\$\$ Certified Copy \ (Additional Copy is enclosed)\$\$\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** - to **Articles of Incorporation** of

F/LED 11 SEP 28 AM 10: 43

West Coast Gold and	he Florida Dept. of State)  AM 10:  TALLAHASSEE, FLOR
(Name of Corporation as currently filed with t	he Florida Dept. of State) TALLAHASSEE STA
P 10000060956	SOLE, FLOR
(Document Number of Corporati	on (if known)
•	
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Fioriaa Projit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>ı:</u>
	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	2419 Buckwell Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	VAIRICO, Fla
	33596
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2419 Buckvell Drive
	VA/RICO FIA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
	Melanson
	Bucknell Drive
	da street address)
YA LA (City)	2100, Florida 33576 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent Agent's Proposition of the Interest agent. I am familiary the supposition of the Interest agent.	
_tlaing	P. Mollef -
Signature of New	Registered Agentf 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)

Title	<u>Name</u>	Address	Type of Action
	JAMES ZIACCHRI	2419 Buckvell De VMRICO, FILL 33596	
esidant Utsuken Recton	Ipiwa Melauson	2419 Buckwell DA VALRICO, FIA 33596	∠ Mai Add □ Remove
,			Add Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specij		
ARtic	be III - The in	itial officerls	and for
Dire	ector(s) of the	CORPORATION is	
	I Ring Mei	MNSON, 2419	Buckwell Priv
		VAlRI	
			33586
provision	endment provides for an exchange, recl s for implementing the amendment if r applicable, indicate N/A)		
			····
			•

The date of each, amendment(s	adoption: July 1,2011
Tronger date if and inchise	adoption:    July 1,2011   (date of adoption is required)
Effective date it addicable:	no more than 90 days after amendment file date)
	more many and an amenament file date,
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
by	oting group)
(1	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	Sing Mafi-
	lirector, president or other officer – if directors or officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
-	TRINA Me (ANSON (Typed or printed name of person signing)
-	President, Treasuren, Director