## 111000011568

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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SEP 1 8 2014

C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

	GULF COA BER: P1100001156		PORT INC	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	ANA L FERREIR	Α		
	ANAS ACCOUN	Name of Contact Person	S CORPORATION	
	2055 WOOD ST	Firm/ Company SUITE 114		
SARASOTA, FL 34237				
	E-mail address: (to be us	sed for future annual report		
ANA L FERR		at (941	, 870-3400	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 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)	
Ame Divi	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

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



## **GULF COAST EXPO & IMPORT INC**

j SEP 14 PM 2:54

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000011568

SECRETARY OF STATE

(Documen	nt Number of Corporation (if known	wn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flori</i>	da Profit Corporation a	adopts the following amendmen
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co".	A professional corpor	
B. Enter new principal office address, (Principal office address MUST BE A S			
	<del></del>		
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)			
D. If amending the registered agent an	d/or registered office address in	ı Florida, enter the na	me of the
new registered agent and/or the nev			
Name of New Registered Agent	ANA L FERREIRA		_
	2055 Wood St Suit	e 114	
	(Florida street ad	dress)	_
New Registered Office Address:	Sarasota	. Florida	34237 (Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if c		nd accept the obligation	ns of the position.

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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	_VP	LIGIA GONZALEZ	3356 Port Charlotte Blvd
Add			Port Charlotte, FL 33952
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
Changes on shares distribution:	
LIGIA GONZALEZ: 30%	
JAVIER GONZALEZ: 70%	
<u></u>	·
F. If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption: 09/01/2014	, if other than th
date this document was signed.	
Effective date if applicable: 09/01/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_09/01/14	
Signature  (By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
JAVIER GONZALEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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