Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002011243)))



H110002011243ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				

## COR AMND/RESTATE/CORRECT OR O/D RESIGN EAST COAST AMERICAN FIREARMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Corporate Filing Menu

19 AUG 10 AN 9: 20

https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

Help

11

8/10/2011 2:56:45 PM PAGE 1/001 Fax Server



August 10, 2011

#### FLORIDA DEPARTMENT OF STATE

EAST COAST AMERICAN FIREARMS, INC. 9801 CYPRESS LAKE DRIVE FORT MYERS, FL 33919

SUBJECT: EAST COAST AMERICAN FIREARMS, INC.

REF: P11000018473

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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

FAX Aud. #: H11000200597 Letter Number: 911200018805

紀 10

(((H110002011243)))

# Articles of Amendment

<b>A</b>	rticles of Inco	rnaration		
Α.	om accumin	t bot anon		
East Coast American	Firearms, Inc	c.		
(Name of Corporation as corre-	tly filed with t	he Florida Dept.	of State)	
P11000018473				
(Document Numb	er of Corporation	on (if known)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statute	s, this <i>Florida Pi</i>	rofit Corporation adopts th	e following
A. If amending name, enter the new name of t	ic corporation	i		
			The	new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "professional".	esignation "Co	rp," "Inc," or "C	ny," or "incorporated" of o". A professional corpor	r the
B. Enter new principal office address, if annils (Principal office address MUST BE A STREET	able: ADDRESS)			THE REPORT OF THE PERSON OF TH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	: <u>BOX</u> )			ANASSELTLESS
D. If amending the registered agent and/or reg new registered agent and/or the new register	latered office a red office addr	ddress in Florida ess:	, enter the name of the	*'.>
Name of New Registered Agent:				
New Registered Office Address:	(Florida	2 street address)	<u> </u>	
	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	Registered Age nt. I am familia	e <u>nt:</u> ir with and accept egistered Agent, if	the obligations of the positi	ion.
Dig.		-0 USONI U	ALMAN PAINS	

Page 1 of 3

(((H110002011243)))

### (((H110002011243)))

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>	Name .	Address	Type of Action
D	Adam La Femina	9801 Cypress Lake Road Fort Myers, Florida 33919	D Add Z Remove
D.P.S.T	James Adam La Pemina	9801 Cypress Lake Road Fort Myers, Florida 33919	_ Ed Add _ Cl Remove
			_   Add _   Remove
R. If amendi (attach add	ng or adding additional Articles, enter distinual sheets, if necessary). (Be specificational sheets)	change(s) here:	
<u>provision</u>	ndment provides for an exchange, reclassion of the smendment if ne applicable, indicate N/A)	unification, or cancellation of is of contained in the amendment	ued shares, liselfi

Page 2 of 3

### (((H110002011243)))

The date of each amendment	(s) adoption:February 23, 2011
<b></b>	(date of adaption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wes by the shareholders was/wes	e adopted by the shareholders. The number of votes cast for the amendmen re sufficient for approval.
	e approved by the shareholders through voting groups. The following states if or each voting group entitled to vote separately on the amendment(s):
"The number of votes	ast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voling group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharehold
The amendment(s) was/wer action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	8/9/1/
Signature	
	director provident or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	James Adam La Fernina
	(Typed or printed name of person signing)
	Sole Director, President, Secretary, and Treasures
	(Thie of person signing)