P1100001945

· (Re	questor's Name)	
(Ad	dress)	.
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Sun Coast Parting Services Tac. DOCUMENT NUMBER: P11000319645
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 Son Coast Costing Sprvices From Company 215 Washington St. Address New Smith Beach TL Ballob City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Contact Person at (386) 426-0652 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

Articles of incorporation	
of Control of Control	
(Name of Corporation as currefully filed with the Florida Dept. of State)	
PICS 30 101 115	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ing amendment(s) to
A. If amending name, enter the new name of the corporation:	
Jun Coast Roating Dervices Inc	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name mus word "chartered," "professional association," or the abbreviation "P.A."	abbreviation t contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
	_
C. Enter new mailing address, if applicable:	12 12
(Mailing address MAY BE A POST OFFICE BOX)	- LA
	_ ~ PAFE
	2 P
D. If amounding the project and apply and apply and apply apply and apply appl	FILED STATEN CORE TARY OF STATION JAN 12 PH 2: 46
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	8. _{15.}
(Florida street address)	
New Registered Office Address:, Florida	_
(City) (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.	
Signature of New Registered Agent, if changing	
Section of the Augmenta agent, y enauging	

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>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		. <u>Addres</u> s	
1) Change Add Remove					
2) Change Add Remove					
3) Change Add Remove		. <u> </u>			
4) Change Add Remove		. <u>-</u>			
5) Change Add Remove					
6) Change Add Remove		. <u> </u>			

E. <u>If amending o</u> (a <i>ttach additio</i>	r adding additional Artional sheets, if necessary).	icles, enter change((Be specific)	(s) here:		
					
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				.,	
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·					
provisions fo	nent provides for an exchar implementing the ame opticable, indicate N/A)	nange, reclassificat indment if not cont	ion, or cancellati ained in the ame	on of issued shar ndment itself:	res,
			<u> </u>		
					
•					

The date of each amendment(s) adop	otion: 1-4-2012
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch 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)
action was not required.	ed by the board of directors without shareholder action and shareholder
	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
appointed	fiduciary by that fiduciary)
	Kick Touscher
	(Typed or printed name of person signing)
	VP
	(Title of person signing)