P120003096

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificațes	of Status
Special Instructions to	Filing Officer:	
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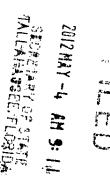
Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: COAST TO COAST AUCTIONS, INC			
DOCUMENT NUMBER: P12000 30996			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CAROL TRAXTON Name of Contact Person			
COAST TO COAST AUCTIONS, INC.			
Firm/ Company			
COAST TO COAST AUCTIONS, INC. Firm/ Company 4654 & STATE RUAD 64 # 202 Address			
Address			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
CARol TZAXTON at (941) 320 - 2117 Name of Contact Person Area Code & Daytime Telephone Number			
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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section			

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	

ent(s) to

		S.
(Document Number of Corporati	on (if known)	S.
ursuant to the provisions of section 607.1006, Florida Statutes, s Articles of Incorporation:	this Florida Profit Corporation adop	pts the following amen
If amending name, enter the new name of the corporation	<u>ı:</u>	
		The
ame must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," vord "chartered," "professional association," or the abbreviati	or "Co". A professional corporation	
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	.	
		
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
If amounting the market of a surface of the surface		- CAL -
 If amending the registered agent and/or registered office new registered agent and/or the new registered office add 		of the
Name of New Registered Agent		
Nume of New Registered Agent		
(Floria	la street address)	
New Registered Office Address:	, Florida	
	City)	(Zip Code)
ow Booistaned Agent's Signature if shoughed Desistaned Agent	ant.	
ew Registered Agent's Signature, if changing Registered Agene bereby accept the appointment as registered agent. I am family		of the position.
	·	
Cianatura of Man Parista	and Ament if abouning	

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 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	PT John	n Doe	
X Remove	V Mik	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		Lee THAXION	1448 Blue Holizon CAde BLADENTON, F. 1 34208
2) Change Add Remove	VP, Sec V,S,T	CAROL TRAXTON	1448 Blue HUVIZON CALLE BIADENTON, FI 34208
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an excha provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:	
M		

The date of each amendment(s)	adoption: MAY 01, 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 ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated	My 212, 2012
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)