P12000039373

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Coastal Wholesale Palm Beach, Inc. DOCUMENT NUMBER: P12000039373
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luke Mattern Name of Contact Person
Firm/Company 2420 Flor: Sa Ave.
West Palm Beach FL 33401 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luke Mattern at (561) 833-7234 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to

Articles of Incorporation of

Coastal Wholes	sale Pah Be	ah Inc.
(Name of Corporation as currently		of State)
PIDODE	39373	
(Document Number of C		<u></u>
·	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation ado _l	ots the following amendment(s)
A. If amending name, enter the new name of the corporation:		
Pala Reach Wholesale Fl	aures Tac	The May
Palm Beach Wholesale Finame must be distinguishable and contain the word "corporation." Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P	0" . A professional corporati	ated" or the abbreviation on name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N /A	
	14 / 14	
C. Enter new mailing address, if applicable:		, <u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
	N/A	
		25 -
		<u> </u>
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name	of the PA 3: 5
new registered agent and/or the new registered office address:		
Name of New Registered Agent		語が 3 3
Mam of New Registered Figure	1	
(Florida stree	at address!	
	a duaressy	
New Registered Office Address:		Florida(Zip Code)
,	zuy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations	of the position.
A 1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	•
Signature of New Pa	aistered 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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones	KI /A	
X Add	<u>sv</u>	Sally Smith	N/A	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	/	<u>Addres</u> s
1) Change				
Add				
Remove				<u> </u>
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove			,	
4) Change		10-10-10-10-10-10-10-10-10-10-10-10-10-1		
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change				
Add				
Remove				

	ticles, enter change(s) here: (Be specific)
	////H
	. /
	The state of the s
	17/2-488-488-4
•	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	1 /1
	//A
\sim	/A
\wedge	A
√	/A
	//A
	A

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/6/2016	
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 court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of a war a signing)	
(Title of person signing)	