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## **COVER LETTER**

COVERLETTER
TO: Amendment Section Division of Corporations
TO: Amendment Section Division of Corporations  NAME OF CORPORATION: 1114 COAST VINLA AND CLISTOM THE DOCUMENT NUMBER: D12000072231  The enclosed Articles of Amendment and fee are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Disha A Cotta.  Name of Contact Person  Gulf Coust Vinul and Custom trim  28 Lio Pini forest Rd  Address  Cantenment FL 32533  City/ State and Zip Code  Cottact Person  Company  City/ State and Zip Code
For further information concerning this matter, please call:
DUSHIN COHLE at (PEX.) 441-7529  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 Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

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

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Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

Articles of Amendment
to
Articles of Incorporation

of

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

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent \\ \( \)	1-6
26) OD Pin (Florida street	1 Heiro-St Pd
New Registered Office Address: Canton in 1	Florida 31523 (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

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 I	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Vernon cottle	9129 W Hury
∠ Add Remove			98 pensacola, EL 32 save
2) Change		limmy wade	
Add  Remove			
3 ) Change Add Remove	P	Enjan Lawrence	28 Low pine Krest 2d Cuntiment Al 3233
4) Change Add		Zackeny Bruman	28/110 pine Ferrey. pd Cunton FL 383
Remove  5) Change			
Add			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	-			
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f an amendment provides for an exc	hange, reclassificat	ion, or cancellation	on of issued share	<u>'S.</u>
provisions for implementing the am (if not applicable, indicate N/A)	endment it not con	ained in the amei	iament usem:	
(ij noi appactane, indectae wa)				
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
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) ( <u>CHECK ONE</u> )	
☐ 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 east 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 shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated DLUNDOR 11 2018	
Signature Durch Dash	
(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)	
OWNER PRESIDENT (Title of person signing)	

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