# P13000043450

Office Use Only



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FILED
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AUG 2 2 2017 S. PRATHER

#### **COVER LETTER**

Division of Corporations F Coastal Wood Contractors Corp NAME OF CORPORATION: 0130000 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

**Mailing Address** 

TO: Amendment Section

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

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

#### **Articles of Amendment**

to

### Articles of Incorporation

DF (oastal 1	Hond Con Kastors Corp
(Name of Corporation	as currently filed with the Florida Dept. of State)
P130000 4	13 450
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	ooration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PECC)
(Frincipal Office address MOST BE ASTREET ADDR	<u> </u>
	AR E TI
	72 CO 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The state of the s
maning dutiess MAI DEATOST OFFICE BOA	
D. If amending the registered agent and/or registered	d affice address in Flarida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	Elo <del>ri</del> da
HEW REGISTER OF THE AUTH COS.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
- 10. 20, savogr ma appariment as registered agent. The	and accept the conganous of the position.
<del></del>	
Signate	ure 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)

Remove

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 Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	<u>nes</u>			
X Add	<u>şv</u>	Sally Sn	nith			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	_5	_	Mauro	DRIVITA	1798 Ab Apt208c	bey rd .
Add					Ap1208C	····
Remove					West Palm	Beach El 3341;
2) Change		<del></del>		····		
Add						<del></del>
Remove					<del></del>	
3) Change						
Add					<del></del>	
Remove						
4) Change		_				
Add						
Remove						
5) Change	<del> </del>	_				
Add						
Remove						
6) Change					<del> </del>	
Add						

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
f an amandment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
	<del></del>
	14
	10
	14
	10
	10

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 08/14/17	
(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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	17 AUG
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	B III
Dated 08/14/17	F: 1-8
Signature Junea Formand	<u> </u>
(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)	
JUNIA FERNANCEZ	
(Typed or printed name of person signing)	
President	
(Title of person signing)	