## P13000102043

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DIVISITY OF SORFORATIONS

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Santoro Construction Inc.  DOCUMENT NUMBER: P13000102043
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicholas Elliott  Name of Contact Person  Santoro Construction Inc.  Firm/Company  8569 South US Highway I  Address  Port St. Lucie, FL 34952  City/State and Zip Code  Sunmodmanagement @ aol.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (772) 871-7900, X-123  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)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

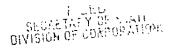
Division of Corporations

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

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation



15 APR 16 PM 1: 26 (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: COASTAL DEVELOPMENT SERVICES CORPORATION name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove	<u>V</u>	Straton Heywood	8569 South US Hwy.) Port St. Lucie, FL 34952
2) Change Add	_V	Leonard Garside	6095 South Hwy 1- Lot 44 Ft. Pierce, FL 34982
Remove  Change  Add  Remove		Christopher Daly	8569 South US Huy.1 Port St. Lucie, Fl 34952
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
<del></del>		
1140 156 v d		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	- · · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: date this document was signed. 15 APR 16 PM 1: 26 Effective date if applicable: (no more than 90 days after amendment file date) 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 (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. 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) (Title of person signing)