

P13000102043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

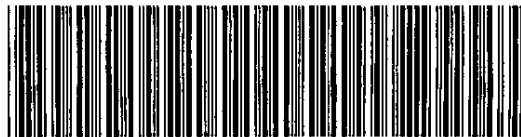
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800276426468

09/09/15--01011--008 \*\*35.00

FILED  
SEPT 25 2015  
DIVISION OF REVENUE  
15 SEP 25 AM 11:55

SEP 28 2015  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2015

JODI DUDENEY / COASTAL DEVELOPMENT SERVICES CORP  
8569 SOUTH US HWY 1  
PORT ST LUCIE, FL 34952 US

SUBJECT: COASTAL DEVELOPMENT SERVICES CORPORATION  
Ref. Number: P13000102043

We have received your document for COASTAL DEVELOPMENT SERVICES CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is M12000002449.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 215A00019313

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Coastal Development Services Corporation

**DOCUMENT NUMBER:** PI3000102043

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Dudeney

Name of Contact Person

Coastal Development Services Corporation

Firm/ Company

8569 South US Highway 1

Address

Port St. Lucie, FL 34952

City/ State and Zip Code

jodi@coastalflooring.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Dudeney

Name of Contact Person

at ( 772 )

871-7900 x-103

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Coastal Development Services Corporation

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

P13000102043

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 SEP 25 AM 11:55

(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 Corporation

*The new 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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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 Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One) | Title    | Name                      | Address                         |
|-------------------------------|----------|---------------------------|---------------------------------|
| 1) <u>    </u> Change         | <u>V</u> | <u>Bruce Vander Malle</u> | <u>8569 South US Hwy 1</u>      |
| <u>    </u> Add               |          |                           | <u>Port St Lucie, FL 34952</u>  |
| <u>X</u> Remove               |          |                           |                                 |
| 2) <u>    </u> Change         | <u>V</u> | <u>Kevin Weimar</u>       | <u>8569 South US Hwy 1</u>      |
| <u>    </u> Add               |          |                           | <u>Port St. Lucie, FL 34952</u> |
| <u>X</u> Remove               |          |                           |                                 |
| 3) <u>    </u> Change         | <u>V</u> | <u>Rinaldo Signorelli</u> | <u>8569 South US Hwy 1</u>      |
| <u>X</u> Add                  |          |                           | <u>Port St Lucie, FL 34952</u>  |
| <u>    </u> Remove            |          |                           |                                 |
| 4) <u>    </u> Change         |          |                           |                                 |
| <u>    </u> Add               |          |                           |                                 |
| <u>    </u> Remove            |          |                           |                                 |
| 5) <u>    </u> Change         |          |                           |                                 |
| <u>    </u> Add               |          |                           |                                 |
| <u>    </u> Remove            |          |                           |                                 |
| 6) <u>    </u> Change         |          |                           |                                 |
| <u>    </u> Add               |          |                           |                                 |
| <u>    </u> Remove            |          |                           |                                 |

(Attach additional sheets, if necessary). (Be specific)

[illegible]

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

15 SEP 25 AM 11:55

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

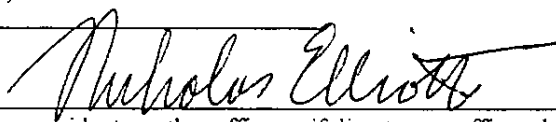
by \_\_\_\_\_"  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 2, 2015

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)

Nicholas Elliott

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO

\_\_\_\_\_  
(Title of person signing)