

P14000058997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2021

JOHN EASTMAN
COASTAL MAINTENANCE & RESTORATION, INC.
1925 TRADE CENTER WAY SUITE 2
NAPLES, FL 34109

SUBJECT: COASTAL MAINTENANCE & RESTORATION, INC.
Ref. Number: P14000058997

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 021A00000294

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Coastal Maintenance & Restoration, Inc

DOCUMENT NUMBER: P14000058997

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

Please return all correspondence concerning this matter to the following:

John Eastman

Name of Contact Person

Coastal Maintenance & Restoration

Firm/ Company

1925 Trade Center Way Suite 2

Address

Naples, FL 34109

City/ State and Zip Code

johne@cmrfl.com

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

For further information concerning this matter, please call:

John Eastman

at (239)

260-1833

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

☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Coastal Maintenance & Restoration, INC.

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

P14000058997

(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," "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)

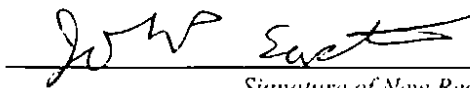
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

<u>Name of New Registered Agent</u>	John Eastman
	1925 Trade Center Way Suite 2
	(Florida street address)
<u>New Registered Office Address:</u>	Naples, Florida 34109
	(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

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP	REA, KEVIN L	1925 TRADE CENTER WAY
<input type="checkbox"/> Add			SUITE # 2
<input checked="" type="checkbox"/> Remove			NAPLES, FL 34109
2) <input type="checkbox"/> Change	VP	DEPINTO, VITO	1925 TRADE CENTER WAY
<input type="checkbox"/> Add			SUITE # 2
<input checked="" type="checkbox"/> Remove			NAPLES, FL 34109
3) <input type="checkbox"/> Change	VP	JOHN EASTMAN	1925 TRADE CENTER WAY
<input checked="" type="checkbox"/> Add			SUITE # 2
<input type="checkbox"/> Remove			NAPLES, FL 34109
4) <input type="checkbox"/> Change	VP	SCOTT O'CONNOR	1925 TRADE CENTER WAY
<input checked="" type="checkbox"/> Add			SUITE # 2
<input type="checkbox"/> Remove			NAPLES, FL 34109
5) <input type="checkbox"/> Change	VP	TODD ELLIOTT	1925 TRADE CENTER WAY
<input checked="" type="checkbox"/> Add			SUITE # 2
<input type="checkbox"/> Remove			NAPLES, FL 34109
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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(if not applicable, indicate N/A)

[illegible]

08/01/2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

08/01/2020

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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

☒ 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)

Dated 1/12/2021

Signature K L R
(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)

KEVIN L REA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)