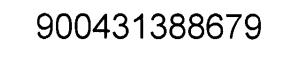
P15000029261

(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CHARMED COA	ST, INC.		
DOCUMENT NUM	P15000020261			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Janice Flores			
		Name of Contact Person	n	
	CHARMED COAST, INC.			
		Firm/ Company		_
	8767 Faye Ct			
		Address		_
	Navarre, FL 32566			
		City/ State and Zip Cod	e	_
	E-mail address: (to be us	sast Damail	. Co~	
For further informatic	on concerning this matter, plea	se call:		2024 JUH 17 PH 2: 22 SECRETARY OF SHEET
Janice Flores		at (<u>850</u>	362-9901	
Name	of Contact Person	Area Co) de & Daytime Telephone Num	iber 美 一面
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	PH 2:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	PATE 22
	iling Address		Address	

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

CHARMED COAST, INC.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P15000029261	
(Document Numl	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	n: The new
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Steles Navarre Prny Ste# 127
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Navarre, Fr 32566 Ste# 127 Navarre, Fr 32566
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent	7 PH 2
New Registered Office Address: (Florid	da street address) , Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am fumily	
Signature of No	lew Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

100

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.

X Change	<u>PT</u> <u>John De</u>	<u>e</u>		
X Remove	<u>V</u> <u>Mike Jo</u>	<u>nes</u>		
<u>X</u> Add	SV Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	CECERE, ERIC	1970 E. OSCEOLA PKWY	
Add			SUITE 172	
X Remove			KISSIMMEE, FL 34743	
2) Change			·	
Add				
Remove 3) Change				
Add				
Remove			SE SE	2024 JUN 17
4) Change			LL REL	
Add				
Remove			- <u>- 30</u>	
5) Change			7.00 EE	77.7
Add				י וי
Remove				
6) Change				
Add			·	
Remove				

f amending or adding additional Ary Mach additional sheets, if necessary).	(Be specific)	
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10/11		
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		·····
		·
	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	2024 JUH 1 SECRE A
,		TAS THE
N/A		***************************************
N/A		売し 一
N/A		変製 -1
N/A		売し 一

The date of each amendment(s) a	doption: N/A	
date this document was signed.	11/6.	
Effective date <u>if applicable</u> :	(no more than 90 days af	er amendment file date)
		· · · · ·
Note: If the date inserted in this locument's effective date on the D		atory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of o	firectors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number officient for approval.	of votes east for the amendment(s)
	proved by the shareholders through voti each voting group entitled to vote sepa	
"The number of votes cas	for the amendment(s) was/were sufficient	ent for approval
hy		<u> </u>
	(voting group)	
DatedO	10/2024	
Signatury		-
(By a c selection	fector, prevident or other officer – if di d, by an incorporator – if in the hands o ted fiduciary by that fiduciary)	
	Janice Flores	
	(Typed or printed name of p	erson signing)
	President	
	(Title of person signing)	FILE 12:22 CRETARY OF STATE TALLAHASSEE, FL