P150000 44093

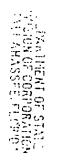
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Gulf Coast Rental	s & Property Management,	Inc		
DOCUMENT NUM	1BER: P 15000044093				
The enclosed Article	s of Amendment and fee are su	ubmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Pamela Jackson				
		Name of Contact Perso	n		
	Gulf Coast Rentals & Property Management, Inc.				
	Firm/ Company				
	17814 Meridian Blvd				
	Address				
	Hudson FL 34667				
		City/ State and Zip Cod	е		
	welcome@gcrpm.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:	,		
Pamela Jackson		at (⁷²⁷	863-1031		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Gulf Coast Rentals & Property Management, Inv.

Guir Coast Kentais & Property Management, Inv.			
(Name of Corporation as cu	urrently filed with the Flor	da Dept. of State)	
P 15000044093			
(Document Nur	mber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corpor</i>	ration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporati	ion:		
name must be distinguishable and contain the word "corporation". Inc.," or Co.," or the designation "Corp." "Inc.," or "Corporation" or the abbreviation "chartered," "professional association," or the abbreviation	o" A professional corner	orated" or the abbreviation name must contain	_The new on "Corp.," n the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			22
C. Enter new mailing address, if applicable:		TANSION OF AN ARMS	7020FEB - 6
(Mailing address MAY BE A POST OFFICE BOX)		SCH CHARLES CON CONTROL CON CONTROL CON CONTROL CON CONTROL CO	5 TO
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent	e address in Florida, enter ddress:	the name of the	
			_
(Flor	rida street address)		•
New Registered Office Address:		, Florida	
	(City)	(Zip C	Code)
New Registered Agent's Signature, if changing Registered Albert Agent I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the ob	ligations of the position.	
Signature of i	New Registered Agent, if cha	inging	-
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120	0 (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)

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>ne</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	VP/D	_	Wayne H Jackson II	7329 Botanical Drive
Add				Spring Hill FL 34607
Remove				
2) X Change	T		Cathryn J Jackson	8513 Berkley Drive
Add				Hudson FL 34667
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Panyaya				

E. <u>If amending or adding additional Article</u> (Attach additional sheets, if necessary).	(Be specific)
NA	
	······································
F. If an amendment provides for an exch.	ongo vanlossification
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nonew if not contained in the antendment usen:
NA	
•	

	1/1/2020	
The date of each amendment(s) ad date this document was signed.	option:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	sted by the incorporators, or board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were ador by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
in the impartment provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
2/3/2020 Dated Signature		
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	-
W	/ayne H. Jackson, SR	
-	(Typed or printed name of person signing)	
P	resident/Director	
_	(Title of person signing)	