## P15000045742

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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C. CARROTHERS



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Gulf Coast Team, I	nc.			
	BER: P15000045742				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Kristie Dickerson				
		Name of Contact Person	·		
	Gulf Coast Team, Inc.				
	Firm/ Company				
	2497 Crescent Rd.				
		Address			
	Navarre, FL 32566				
		City/ State and Zip Code	<del></del>		
N/A					
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	e call:			
Kristie Dickerson		at (478	<b>.</b> 714-3835		
Name	of Contact Person	at (	)de & Daytime Telephone Number		
Tuille	or commer rough	71104 000	ac & Baytime Telephone Planter		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Ma</u>	iling Address	Street .	Address		
	endment Section	Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee FL 32314 2661 Executive Center Circle		=			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Gulf Coast Team, Inc.			
(Name	of Corporation as current	lly filed with the Florida Dept. of Sta	ite)
P15000045742			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts th	e following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation na	or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent ar	<i>OFFICE BOX)</i> nd/or registered office add		All COT -3 AN 8: 5.
new registered agent and/or the ne	w registered office addres  Kristie Dickerson	<u>s:</u>	
Name of New Registered Agent			
	2497 Crescent Rd.		<del></del>
	Navarre	reet address)	32566
New Registered Office Address:		(City), Florid	a(Zip Code)
		(City)	(Zip Coue)
New Registered Agent's Signature, if call thereby accept the appointment as registered.	tered agent. I am familiar		position.

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)

Example:

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Dennis Dickerson	2497 Crescent Rd.
Add			Navarre, FL 32566
X Remove			
2) X Change	P	Kristie Dickerson	2497 Crescent Rd.
Add			Navarre, FL 32566
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add		-	
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A

	3/1/2016	
The date of each amendment(s) a date this document was signed.	adoption:	_, if other than th
<del></del>	0/2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder	
8/30/2016		
Dated		
Signature X	Lald. Classon	
Signature (By a	director, president or other officer – if directors or officers have not been	_
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	Kristie Dickerson	
	(Typed or printed name of person signing)	
•	President	
	(Title of person signing)	