## P1600006500>

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(Ad	dress)	
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## COVER LETTER.

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NORTH COAST S	SURVEYING, INC.		
DOCUMENT NUMB	D16000065002			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	DEBRA WRIGHT			
•		Name of Contact Person	1	
	NORTH COAST SURVEYE	NG INC		
	3226 RIVER ROAD	Firm/ Company		
-		Address		
	CREEN COVE CARRICO E			
	GREEN COVE SPRINGS, F			
		City/ State and Zip Cod	e	
ncsurv	eyinc@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
DEBRA WRIGHT		,904	607-2363	
Name o	of Contact Person	at (	) de & Daytime Telephone Number	
Traine o	1 Contact 1 orson	ruca co	de de Daytime Telephone Pulhoei	
Enclosed is a check for	the following amount made	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)	□\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle	
		Tallahassee, FL 32301		

## Articles of Amendment to

NORTH	COAST	SURV	EYING.	. INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)	
P16000065002		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amend	dment(s) t
A. If amending name, enter the new name of the cor	poration:	
	The	
	"corporation," "company," or "incorporated" or the abbrevial "Inc," or "Co". A professional corporation name must contain	
vora charterea, projessional association, or the a	boreviation F.A.	N
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	ŢŢ
	7 P.	
	13 m	ŧ
C. Fatou nous malling address of confliction	च्या <sup>चि</sup> रा	f ¦
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		<u></u>
,	13 11.	*D
·		_
	440-4404	_
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered o</li> </ol>		
new registered agent and/or the new registered o	nice address.	
Name of New Registered Agent		
	,	
	(Florida street address)	
New Registered Office Address:	. Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regis		
nereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.	

address of each Office (Attach additional shee, Please note the officer/of P = President; V = Vico Executive Officer; CFO held. President, Treasu Changes should be note a change, Mike Jones lo	r and/or I ts, if neces. director tit e Presiden 0 = Chief rer, Direct ed in the fo	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; The Financial Officer. If an officer/director holds more or would be PTD. bllowing manner. Currently John Doe is listed as	Re Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is tesse should be noted as John Doe, PT as a Change,
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)	Title	<u>Name</u>	Address
1) Change	<u>v</u>	CLABOURNE H. WRIGHT III	3226 RIVER ROAD
XAdd			GREEN COVE SPRINGS, FL
Remove			32043
2) Change		<del></del>	
Add			<del></del>
Remove			<del></del>
3) Change			
Add			<del></del>
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		

\_\_ Add

\_\_ Remove

change(s) here: ic)	amending or adding additional Article
<i>ic)</i>	tach additional sheets; if necessary). (
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•	
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ssification, or cancellation of issued shares,	an amendment provides for an exchan
ot contained in the amendment itself:	rovisions for implementing the amend
	(if not applicable, indicate N/A)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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The date of each amendment(s) a	idoption:			, if ot	ther than the
date this document was signed.				- MY	
Effective date <u>if applicable</u> :	·		,,		
	(no more than 90 c	days after amendment file	e date)		
Note: If the date inserted in this document's effective date on the D		ole statutory filing requir	ements, thi	s date will not be	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )				
The amendment(s) was/were ad by the shareholders was/were s		umber of votes cast for the	ne amendm	ent(s)	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through reach voting group entitled to vo			tement	
"The number of votes cas	t for the amendment(s) was/were	sufficient for approval			
by		,,			
	(voting group)				
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors w	ithout shareholder action	and shareh	older	
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators withou	nt shareholder action and	shareholde	r	
09/23/201	6				
DatedSignature	lu Wurk	<del></del>			٠
selecto	director, president of other officer ed, by an incorporator – if in the b nted fiduciary by that fiduciary)				
	DEBRA WRIGHT				
	(Typed or printed na	me of person signing)			
	PRESIDENT				
	(Title of	person signing)			