P17000027220

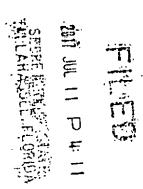
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T. LEMIEUX



A COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Coyelle Inc.
DOCUMENT NUMBER: P17000027220
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
rease return an correspondence concerning this matter to the following.
Danille Bellamah Name of Contact Person
Coville Inc.
265 Magnolia Park Trail
Sanford, FL 32773 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Bellamah au 407, 928 3230
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 Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

FILED

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Correlle 7	-nc.		e se
Name of Corp	oration as currently	filed with the Florida l	DeptsorState P 4: 12
P170	0002722	20	SSPPE Wilder German, u
		Corporation (if known)	AUROLALISECAHALIA
suant to the provisions of section 607.1006, F Articles of Incorporation:	Torida Statutes, this <i>F</i>	lorida Profit Corporatio	on adopts the following amendment
If amending name, enter the new name of	the corporation:		
NIH			The new
ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "ed "chartered." "professional association," of the new principal office address, if application of the principal office address of the principal of the prin	Corp," "Inc," or "C or the abbreviation "F cable:	o". A professional cor	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)	NIA	
If amending the registered agent and/or re new registered agent and/or the new regist		ss in Florida, enter the	name of the
new registered agent and/or the new regist	CILO		
Name of New Registered Agent	MIT		
	(Florida stree	et velelanes)	
	1.A	r (ddaress)	
New Registered Office Address:	$\frac{N/H}{}$	City)	, Florida(Zin Code)
w Registered Agent's Signature, if changing ereby accept the appointment as registered ag	Registered Agent:	City) th and accept the obliga	(Zip Code) tions of the position.
	NIH		
	Signature of New Res	gistered Agent, if changi	ne

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.

Frample	e, ana sauy Smun	i, Sv as an Aaa.	
Example: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones .	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	$\sqrt{}$	Cory M Angelo	265 Magnolia Park Trail Sanford, FL 32773 U
Add Remove			Sanford, FL 32773 U
2) Change Add	I	Cory M Angelo	265 Magndia Park Trail Sanford, FL 32773 US
Remove 3) Change Add	<u>V</u>	Danvelle Bellama	M 265 Magnolia Park Trail Sanford, FC 30773
Remove 4) Change Add	<u></u>	Danielle Bellamah	265 Magnolia Park Trail Sanford, FL 32773
Remove 5) Change Add			265 Magnotra Pack Trail
Remove 6) Change Add			
Remove			

	ditional sheets, if necessar	y). (be specific)			
	NIA				
					
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an ame. Provision	ndment provides for an exact state of the action of the ac	<u>xcnange, reciassing</u> mendment if not co	<u>cation, or cancella</u> ontained in the am	<u>1100 Of ISSUEG SNAFES</u> Endment itself:	ני
(if ne	ot applicable, indicate N/A))			
	NIA				
	No. 1 1 1			<u> </u>	
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			_		

The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 7/15/17	
(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 wi document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	•
Dated	
Signature OCIDIO A TOTAL OCIDIO A TO	
(By a director, president or other officer - indirectors 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)	
Danielle Bellamah	
(Typed or printed name of person signing)	
*PV5T	
(Title of person signing)	