

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone #)	)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Dc	ocument Number)	
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R. WHITE DEC 22 2017

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2017

SHIRLEY M KNAPP 3952 CHESTWOOD AVE JACKSONVILLE, FL 32277

SUBJECT: COASTAL RESTORATION FLORIDA, INC.

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Ref. Number: P17000027719

We have received your document for COASTAL RESTORATION FLORIDA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 4 is missing from the document. Please find enclosed and complete the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 117A00019758

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www.sunbiz.org

## Articles of Amendment

to

## Articles of Incorporation of

FILED

ANUSTAL DESTABATION FI	ARIDO THE THE 3: 54
COASTAL RESTORATION FL (Name of Corporation as currently fi	led with the Florida Dept of State).
P17000027719	TO THE AGE TO STA
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	erida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  N/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.2	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address;	s in Florida, enter the name of the
Name of New Registered Agent A	-
(Florida street	address)
New Registered Office Address: N   H (C)	<del></del>
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	a and accept the obligations of the position.
N/A	
Signature of New Reg.	istered Agent, if changing

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		NAOMINGRAY	3952 CHESTWOOD AVE
Add			JACKSONVILLE
Remove			FLORIDA, 32277
2) Change	V	ELIJAH R. STONE	3952 CHESTWOOD AVE
Add			JACKSONVINE
Remove			FLORIDA, 32277
3 ) Change	I	SHIRLEY M. KNAPP	3952 CHESTWOOD AVE
X Add			JACKSONVILLE
Remove			FLORIDA 32277
4) Change	<u>D</u>	ROBERT R. STONE	3952 CHESTWIND AND
X Add			JACKSONVILLE
Remove			FLORIDA, 32277
5) Change			<del></del> _
Add			
Remove			
6) Change			
Add			
Remove			<del></del>

Attach addition	r <mark>adding additional A</mark> nal sheets, if necessary	). (Be specific)				
	NA					
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f an amendm	ent provides for an e	cchange, reclassi	fication, or can	cellation of issue	d shares,	
provisions fo	r implementing the a plicable, indicate N/A	mendment if not	contained in th	ie amendment its	<u>elf:</u>	
-						
	N) A		····	<del> </del>	<del></del>	<del></del> .
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			<u> </u>		<del></del>	<u> </u>
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The date of each amendment(s) ad	loption:	, if other than the
date uns document was signed.		
Effective date if applicable:	$\frac{D-D-D-D}{4}$ (no more than 90 days after amendment file date)	
	(no more than 50 days tyler unterlainess fact daile)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amer flicient for approval.	ndment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	; statement !(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sh	archolder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareh	older
Dated 12-	10-2017	
Signature	16-2017 Lieum Mary CEO lirector, president or other officer - if directors or officers have r	<del> </del>
(By a d	firector, president or other officer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or o	tot been
	ited fiduciary by that fiduciary)	ther court
	(Typed of printed name of person signing)	
	(Typed of printed name of person signing)	
	CEO	
	(Title of person signing)	