P17000028500

| (Req | uestor's Name) | |
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| (Add | ress) | |
| (Add | iress) | |
| (City | /State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nam | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COE | RPORATION: John Keith Slater, | PA | |
|--------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| DOCUMENT N | P17000028500 | | |
| The enclosed Art | ticles of Amendment and fee are su | abmitted for filing. | |
| Please return all | correspondence concerning this ma | atter to the following: | |
| | John Keith Slater | | |
| | | Name of Contact Person | 1 |
| | Coastal Home Advisors Rea | 1 Estate | |
| | | Firm/ Company | |
| | 1310 Boca Ciega Isle Dr | | |
| | <u> </u> | Address | . |
| | St Pete Beach, FL 33706 | | |
| | | City/ State and Zip Cod | 2 |
| | keith@jkslater.com | | |
| | | sed for future annual report | notification) |
| For further inform | nation concerning this matter, plea | 912 | 601-6047 |
| N | ame of Contact Person | at (|) de & Daytime Telephone Number |
| | ck for the following amount made | | |
| ■ \$35 Filing Fe | ee S43.75 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 Division The Co 2415 Y | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

Articles of Amendment

| Articles of Incorporation of State Incorporation of State Incorporation of State Incorporation of State Incorporation (If known) (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (If known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendments as Articles of Incorporation. (If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp. "Inc." or "Co." A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) 1. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) Now Registered Office Address (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent. If changing | Articles of An | nendment | 57. | 20 |
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| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendments of Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word chartered." "professional association," or the abbreviation "P. A." 3. Enter new principal office address, if applicable: (Mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) Typ Code) New Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | | | ~> |
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| Signature of New Registered Agent, if changing | | | | |
| Signature of New Registered Agent, if changing | | | | |
| | Signature of New Re | gistered Agent, if changing | | |

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (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 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> | <u>Addres</u> s |
| 1) Change | VS | Tina M Slater | 1310 Boca Ciega Isle Dr |
| X Add | | | St Pete Beach, FL 33706 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | (Be specific) |
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| t an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| provisions for implementing the unit | HOMERE II HOVE CONTAINED IN THE BINCHAMIENT MOSTIN |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |

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| The date of each amendment(s) | idoption: | , if other than |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| | 0/2022 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date we bepartment of State's records. | ill not be listed a |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were ac action was not required. | lopted by the incorporators, or board of directors without shareholder action an | nd shareholder |
| ☐ The amendment(s) was/were ac by the shareholders was/were s | lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | _ 1 |
| by | | 2022 |
| | (voting group) | : E. |
| 9/20/2022 | | 4- 2 |
| Dated | | <u>ح</u> ت |
| Signature | 1 | . H |
| (By a select | 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 need fiduciary by that fiduciary) | AH (1: 34 1 ° C; 73 |
| | John Keith Slater | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |

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