P17000029570

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oily/Oilio/Liph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500334345515

P3/23/13--11/11--14 *** .



OCT 0 8 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Coastal Gear, Inc.			
DOCUMENT NUMB	P17000029570			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Chris Camp			
		Name of Contact Person	n	
	Coastal Gear, Inc.			
		Firm/ Company		
	4913 Galleon Court			
		Address		
	New Port Richey, FL 34652			
•	-··-	City/ State and Zip Cod	e	
	chris@classictampabay.com			
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Tori Lewis		at (682-4233	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Divi	ling Address indment Section sion of Corporations	Ameno Divisio	Address Iment Section on of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment tion

to
Articles of Incorporat
of
me of Corporation as currently filed v

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)		
P17000029570				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the follo	wing amendme	ent(s)
A. If amending name, enter the new na	nme of the corporation:			
	ation "Corp," "Inc," or	on." "company," or "incorporated" or the "Co". A professional corporation name mu"P.A."		1
R Enter new principal office address	if annlicable:	4913 Galleon Court		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		New Port Richey, 34652		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4913 Galleon Court	201 547 67	
,		New Port Richey, FL 34652	2019 SEP	(1945) 2 3
			$\frac{\pi}{\omega}$	اهي:
D. If amending the registered agent an new registered agent and/or the new			PH 3: 00	-==
Name of New Registered Agent		,		, ,
	4913 Galleon Court			
	(Florida s	treet address)		
New Registered Office Address:	New Port Richey	, Florida	52	
		(City)	Zip Code)	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position	on.	
	C17	B C I		

Signature of New Registered 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.

X Change	<u>PT</u> <u>Joh</u>	nn Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP, S	Michael Miller	3577 Rolando Drive
Add			Palm Harbor, FL 34683
X Remove			
2) Change	S	Chris Camp	4913 Galleon Court
X Add			New Port Richey, FL 34652
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if neces.	sary). (Be specific	?)			
				-	_
					
<u>.</u>			· ·		
					-
·					
<u>.</u>					
==				 -	
			<u></u>		
_ .					_
	· · ·		·-		
an amendment provides for a	ın exchange, reclas	sification, or can	cellation of issued	d shares,	
rovisions for implementing th	ne amendment if no	ot contained in th	e amendment itse	elf:	
(if not applicable, indicate i	V /A)				
			· •		
					
-		-			
			·		

The date of each amendment(s) acd date this document was signed.	loption:, if other the	in the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.	as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	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)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	19-19	
Signature(By a d	irector, president or other officer – if directors or officers have not been	
selecte	d, by an incorporator if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Chris Camp	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	