P17100000001199

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	1
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Special Instruction	s to Filing Officer:	

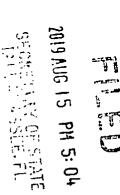
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: EAST COAST SH	EARS INC.	
DOCUMENT NUMBE	R:P17000067199		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
М	IICHAEL EAST		
	Name of Contact Person		
E.	EAST COAST SHEARS INC.		
	Firm/ Company		
29	2929 SW CEDAR DUNES DRIVE		
		Address	
Po	ORT SAINT LUCIE, FL 3	4953	
		City/ State and Zip Cod	e
EASTE	NTERPRISE@OUTLOOK	сом	./
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call: 561	676-2911
	Contact Person	at (ode & Daytime Telephone Number
	he following amount made		•
☐ \$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)
Amend Divisio	ng Address Iment Section on of Corporations ox 6327	Ameno Divisio Clifton	Address Iment Section on of Corporations of Building Executive Center Circle

Articles of Amendment to Articles of Incorporation

	to
	Articles of Incorp
	of
EAST COAST SHEARS INC	

(Name	of Corporation as curren	tly filed with the Florida Dept	. of State)
P17000067199			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ac	lopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpora	orated" or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
(Frincipal office address MOST BE A 5	INCLI ADDRESS)		
			360
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	5 5
			OF P
			: : : : : : : : : : : : : : : : : : :
D. If amending the registered agent an new registered agent and/or the new			ne of the
Name of New Registered Agent	N/A		
<u> </u>			
	(Florida s	treet address)	
New Registered Office Address:	N/A		. Florida
the state of the s		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position.
,			
<u> ila</u>			
	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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
		Sally Smith	
X Add	<u>SV</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MONICA EAST	2929 SW Cedar Dunes Drive
Add			Port Saint Lucie, FL 34953
X Remove			
2) Change	VP	CASSANDRA EAST	2929 SW Cedar Dunes Drive
X Add			Port Saint Lucie, FL 34953
Remove			
3) Change	<u>S</u>	MICHELLE EAST	2929 SW Cedar Dunes Drive
Add			Port Saint Lucie, FL 34953
X Remove			
4) Change	<u>s</u>	CASSANDRA EAST	2929 SW Cedar Dunes Drive
X Add			Port Saint Lucie, FL 34953
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
			· ·
		·	
			
			-
<u> </u>			
			
			
F. If an a	amendment provides for an exchange, reclassification, or consisions for implementing the amendment if not contained in	ancellation of issued shares, the amendment itself:	
(if not applicable, indicate N/A)		
N/A			
•			•
			
			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days afte	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable status document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number o by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficien	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
Dated 8/12/2019	
Dated 8/12/2619 Signature anada East	
(By a director, president or other officer – if director)	
selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
Cassandra East	
(Typed or printed name of pe	erson signing)
Director	
(Title of person s	signing)