PITODOOUTAGO

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



200317080582

TILEU
2618 AUG 27 FM 2: 24
SEPPENDARY MARGINE

Amund (115

SEP 0 5 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gulfshore Development Group In-			
DOCUMENT NUMBER: 717000061	940		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Beth Coope			
Name of Contact Person			
Multipue Develope +			
Name of Contact Person Hulfshore Development Firm/Company			
234 C			
3340 South	<u>Ra</u>		
_	Address		
North Fort	Myers FL 33917 City State and Zip Code		
	City State and Zip Code		
Beth & Coul. E-mail address: (to be use	ed for future annual report notification)		
For further information concerning this matter, please	e call:		
BETH COOPER Name of Contact Person	at (239) 677-9430		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:		
\$35 Filing Fee \$\text{S43.75 Filing Fee & Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301



August 20, 2018

BETH COOPER GULFSHORE DEVELOPMENT GROUP INC. 3340 SOUTH RD NORTH FORT MYERS, FL 33917

SUBJECT: GULFSHORE DEVELOPMENT GROUP INC.

Ref. Number: P17000067960

We have received your document for GULFSHORE DEVELOPMENT GROUP 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 518A00017189

Irene Albritton Regulatory Specialist II

ETARY (F

Articles of Amendment to. Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. o	of State)
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "I	To". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		12
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILET
		2: 2: [0.8]
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name	of the
Name of New Registered Agent DEF SPE	NCER	
3373 Su.	et address)	
New Registered Office Address: AFE Cost) <u>C</u> (ty)	lorida FL 3399 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VI	BETH COOPER	3340 South Road
Add			N.Ft. Myer, FL 35917
Remove		•	
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

		ary). (Be specific)			
	NIA				
					
					
			<u> </u>		
	<u>-</u> -				
		_	_ 		
	- n.				
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			<u> </u>	<u> </u>	
			ition of cancellation (or issued snares.	
апа	mendment provides for an	exchange, reclassifica	toined in the emends	nont itself.	
rovi	sions for implementing the	amendment if not cor	ntained in the amend	nent itself:	
rovi	mendment provides for an sions for implementing the f not applicable, indicate No	amendment if not cor	ntained in the amendn	nent itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendu	nent itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent_itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent_itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amend	nent_itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	ment itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent itself:	
rovi	sions for implementing the	amendment if not cor	ntained in the amendn	nent itself:	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicables	
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's records.	icable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	ere sufficient for approval
by(voting group)	
(voting group)	
 □ The amendment(s) was/were adopted by the board of director action was not required. □ The amendment(s) was/were adopted by the incorporators wit action was not required. 	•
Dated 9/13/18 Signature (By a director, president or other off	icer – if directors or officers have not been ne hands of a receiver, trustee, or other court
Jeff Spense (Typed or printed	name of person signing)
	of person signing)