P1700006813b

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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2021 HAR 24 PH 4: 06
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CUASTY	AL UFFE DES	IGD, INC
DOCUMENT NUMB	Ω	068130	
The enclosed Articles o	f Amendment and tee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
-	Coast 865 C	Name of Contact Person al Life De Firm/ Company Otez RD Address	Sign
-		City/ State and Zip Code City/ State and Zip Code Code Code State of Stat	talife.com
For further information	concerning this matter, pleas	se call:	
Sondra Name o	Ocada i Contact Person	at (347 Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

May 12, 2021

SONDRA OKADA COASTAL LIFE DESIGN, INC. 8615 CORTEZ ROAD W. BRADENTON, FL 34210 US

SUBJECT: COASTAL LIFE DESIGN INC.

Ref. Number: P17000068130

We have received your document for COASTAL LIFE DESIGN INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

PLEASE COMPLETE THE PROFIT CORFORATION FORM ATTACHED TO THIS LETTER.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 921A00009980

2021 HAY 27 PH 10: 3

Articles of Amendment to Articles of Incorporation of

FILED

Coastal Like O.	Loian Inc.	2021 HAR 24	PM 4:07
(Name of Corporation :	as currently filed with the F	lorida Dept. of Stat SEURL 17. VI TALLAHAS	OF STATE
	t Number of Corporation (if k		<u> </u>
Pursuant to the provisions of section 607,1006, Florida Stats Articles of Incorporation:	atutes, this Florida Profit Co.	rporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:		The new
name must be distinguishable and contain the word "corpe "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevia B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	r "Co". A professional co. tion "P.A."	orporated" or the al rporation name mu:	obreviation "Corp.," st contain the word
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi			:
	Alhambra D (Florida street address) denton (City)	rive Florida	34209 (Lip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at Signature	m jamiliar with and accept th)	oosition.
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: <u>X</u> Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	_D	JENNFER STROHL	2517 AUE C.
Add			BRADENTON BEACH, FL 34217
Remove			
2) X Change	PTD	SONDRA DKAGA	7504 ALHAMBRA OK
Add	·		BRADENTON FC 34209
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

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			,		
If an amendment provides for an	exchange, reclass	<u>ification, or car</u>	<u>cellation of issu</u>	ed shares,	
provisions for implementing the (if not applicable, indicate Nz.	amendment if not	<u>i contained in tl</u>	<u>ie amendment i</u>	tself:	
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The date of each amendment(s) adoption: MARCH 17, 2021	, if other than the
date this document was signed.	
Effective date if applicable: MARCH 19, 202 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action are action was not required.	d shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SONDER OKADA (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	