P17000 074 864

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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DEC 1 1 2019

I ALBRITTON

COVER LETTER

- TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: BUSINESSCOAS | TINTERNATIONAL COR | P | | |
|--|--|--|--|--|--|
| | ER: P17000074864 | | <u></u> | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | |
| ı | PEDRO A VELASQUEZ | | | | |
| - | Name of Contact Person | | | | |
| | BUSINESSCOAST INTERNATIONAL CORP. | | | | |
| - | Firm/ Company | | | | |
| 1 | 9340 FONTAINEBLEAU BLVD APT 505 | | | | |
| - | | Address | | | |
| | MIAMI - FL 33172 - 6322 | | | | |
| - | | City/ State and Zip Code | | | |
| musla s | 50 <i>G</i> | | | | |
| pvetas | 50@gmail.com | sed for future annual report | natilientian) | | |
| | 1man address, (to be di | see for father annual report | ik/arreadon) | | |
| For further information | concerning this matter, pleas | se call: | | | |
| PEDRO VELASQUEZ | | 305 at (| 6068259 le & Daytime Telephone Number | | |
| Name of Contact Person | | Area Coc | le & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | rtment of State: | | |
| ☐ \$35 Filing Fee | ☐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 | | Amendi Division Clitton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 | | |



November 15, 2019

PEDRO A. VELASQUEZ 9340 FONTAINEBLEAU BLVD APT. 505 MIAMI, FL 33172-6322

SUBJECT: BUSINESSCOAST INTERNATIONAL CORP

Ref. Number: P17000074864

We have received your document for BUSINESSCOAST INTERNATIONAL CORP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 219A00023552

12/05/2019

Annet page 4/4, this was corrected, and has the original Signature,

I appreciate the prompt aftention to this request.

Thanks you.

3013 DEC - 3 BR 15: 0 f

REPER ED

www.sunbiz.org

DO DOVIGOR WILL DO SO

Articles of Amendment

to

Articles of Incorporation

οf

BUSINESSCOAST INTERNATIONAL CORP.

| (<u>Name o</u> | f Corporation as curren | tly filed with the Florida Dept. of State) |
|--|-----------------------------|--|
| P17000074864 | | |
| | (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 adopts the following amendment |
| A. If amending name, enter the new na | me of the corporation: | |
| name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat | ation "Corp." "Inc." or | The new fon," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |
| · | | 9340 FONTAINEBLEAU BLVD APT 505 |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | MIAMI_FL_33172 - 6322 |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 9340 FONTAINEBLEAU BLVD APT 505 |
| | | MIAMI FL 33172 - 6322 |
| D. If amending the registered agent annew registered agent and/or the new | | |
| | PEDRO A VELASQUE | |
| Name of New Registered Agent | 9340 FONTAINEBLEA | |
| | | dreet address) |
| | 71 RO III . | men than they |
| New Registered Office Address: | MIAMI, FL | . Florida 33172 - 6322 |

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 | |
| <u>X</u> Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | D | PEDRO A VELASQUEZ | 9340 FONTAINEBLEAU BLVD |
| X Add | | | APT 505 |
| Remove | | | MIAMI , FL 33172 - 6322 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | _ | | |
| Add | | | |
| Remove | | | |

| ttach additional sheets, if necessary). | (Be specific) |
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| an amendment provides for an exc | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | enument if not contained in the amendment reservi |
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| The date of each amendment(s) adoption: | , if other than the |
|--|--|
| late this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after a | mendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | 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 number of volby the shareholders was/were sufficient for approval. | otes east for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separately | oups. The following statement (y on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient fo | r approval |
| by | <u> </u> |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without share action was not required. | holder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required. ### The amendment(s) was/were adopted by the incorporators without sharehold action was not required. | er action and shareholder |
| Dated $\sqrt{\frac{11/28/2019}{5}}$ | |
| Simonya | |
| (By a director, president or other officer – if director | |
| selected, by an incorporator - if in the hands of a re- | eceiver, trustee, or other court |
| appointed fiduciary by that fiduciary) | 4 |
| Emma Zocio | |
| (Typed or printed name of perso | n signing) 7 |
| PR.E | aident. (PRE) |
| Title of person sign | |