(Re	questor's Name)	
(Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	





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01/09/18--01004--018 **52.50

R. WHITE
JAN 1 0 2018



COVER LETTER

TO: Amendment Section Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael SAio Firm/ Company -25 SE, Sea Island WAY
Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (561) 214-4665

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

18 JAN -8 AH 9: OR

EAST COOST EShin	Charles Corp.
(Name of Corporation as currently D	iled with the Florida Dept. of State)
P17000091461	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Whishell TE Corn.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(Ci	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Regi	sistered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/dii P = President, V = Vice	and/or D if necess rector tite Presiden	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director	h officer/director being removed and title, name, and r; TR= Trustee; C = Chairman or Clerk; CEO = Chief
held. President, Treasure Changes should be noted	r, Direct in the fo wes the c	or would be PTD. Allowing manner. Currently John Doe is liste Corporation, Sally Smith is named the V and .	ds more than one title, list the first letter of each office ed as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	 		<u> </u>
Add		<i>;</i>	
Remove			
2) Change		- MA	
Add		\. · · ·	
Remove		·	
3) Change			
Add		``\	
Remove			
4) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
^d d			
Remove			

Page 2 of 4

f amending or adding additional Art Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
	21/2	
	10/17	
		1
f an amendment provides for an exc	hange, reclassification, or cancellation of issued endment if not contained in the amendment itse	<u>shares;</u> lf:
(if not applicable, indicate N/A)		_
	1/1/4	
	9/11	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment fil	le date) .
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, 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 votes cast for the by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	I
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	i shareholder
Dated 1/3/18	
Signature (By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	•
Michael Saio (Typed or printed name of person signing)	
President owner (Title of person signing)	· · · · · · · · · · · · · · · · · · ·
(Title of person signing)	