P180000731687

(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: TRI COOST Services INC.				
DOCUMENT NUMBER: <u>P18000023487</u>				
The enclosed Articles of Amendment and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
TRI COOST Services INC				
Firmy Company				
150 Woodcrest DR Apt 410 Address St Augustine FL. 32084. City/ State and Zip Code				
Share of 3208H				
City/State and Zin Code				
UGO Coastal & GMail. (om E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Todd McMillon at (803) 553-7864 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status \$\begin{array}{c} \text{\$43.75\$ Filing Fee & Certified Copy (Additional copy is enclosed)} \\ \begin{array}{c} \text{\$43.75\$ Filing Fee & Certified Copy (Additional Copy is enclosed)} \\ \end{array}\$				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

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Articles of Amendment to Articles of Incorporation of

18 MAR 22	PM	:	42
West			

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TRIC	oast Servic (Name of Corpora	es INC	- •	
	(Name of Corpora	ation as currently	filed with the FI	orlda Dept. of State)
F	P18000023	687		
		ument Number of	Corporation (if kr	nown)
ursuant to the provisi s Articles of Incorpor		ida Statutes, this F	lorida Profit Cor	poration adopts the following amendme
. <u>If amending name</u>	e, enter the new name of the	corporation:		
				The new
Corp.," "Inc.," or C	guishable and contain the w Co.," or the designation "Co rofessional association," or th	rp," "Inc," or "C	Co". A professio	or "incorporated" or the abbreviation nal corporation name must contain the
Enter new princip	oal office address, if applicat	ole:		
rincipal office addr	ess <u>Must be a street al</u>	DDRESS)		
				
Enter new mailin	g address, if applicable:			
(Mailing address i	MAY BE A POST OFFICE B	30X)		
	egistered agent and/or registere ent and/or the new registere			ter the name of the
liew ledisteren at	ent and/or the new registers	au ornoe autress.		
Name of New	Registered Agent		····	
		(Florida stree	et address)	
New Reaister	ed Office Address:			. Florida
		((City)	(Zip Code)
ew Registered Agen	nt's Signature, if changing R pointment as registered agent	egistered Agent:	ith and account the	ablications of the position
reredy accept the app	лонин а н въ геувяете и аус т	. ı asırıasınında Wi	пи ани ассери изе	oungations of the position.
	Sic	gnature of New Re	aistered 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.

X_Change	PT John	Doe	
X Remove	V Mike Jones		
X Add	<u>SV</u> <u>Saliy</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	P	DONNO M Griffil	150 Wood CRST DR Apt 410 ST. Augustine fl. 32084
2) Change Add Remove			
3) Change Add Remove			
4) Change Add		**************************************	
Remove 5) Change Add			
Remove 6) Change			
Add			

E. <u>If an</u> (Atta	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
pro	emendment provides for an exchange, reclassification, or cancellation of issued shares, islans for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	
	

The date of each amendment(s) adoption: _date this document was signed.	3-19-2018	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirement of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the ame or approval.	endment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by	roting group)	
(v	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without shareholder action and sh	nareholder
The amendment(s) was/were adopted by thaction was not required.	ne incorporators without shareholder action and shareh	volder
Dated 3-101-	2018	
Signature (By a director, pre	esident or other officer – if directors or officers have r	not hoon
selected, by an in	corporator – if in the hands of a receiver, trustee, or o	ther court
appointed fiducia	ary by that fiduciary)	
Cha	Stopler To Le McMillen (Typed or printed name of person signing) ce Prosident	
1).	re ParsideNT	
	(Title of person signing)	