P18000026018

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

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Coach Alberto, Inc.		
DOCUMENT NUME	P18000026018	<u></u>	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Albert Vagnini		
		Name of Contact Person	
	Coach Alberto, Inc.		
		Firm/ Company	
	6225 NW 120th Drive		
		Address	
	Coral Springs, FL 33076		
		City/ State and Zip Code	 ;
		•	
	ettmvision@aol.com	1000	- difference
	E-mail address: (to be us	ed for future annual report	nottication)
For further information	n concerning this matter, pleas	se call:	
Albert Vagnini		954 at (
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.C	iling Address lendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State) P18000026018
P18000026018
110000000000
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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)
The same of the sa
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Number of Nava Paraintage of Aroust
Name of New Registered Agent
(Florida street address)
New Registered Office Address: , Florida
(City) (Zip Code)
N. W. Carrier C. Carrier C. A. Carrier Designation of America
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Sophia Vagnini	6225 NW 120th Drive
Add			Coral Springs, FL 33076
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			**
Remove			
6) Change			
Add Remove			STATE OF THE STATE
remove			

ttach additional sheets, if necessary).	(Be specific)	
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	·	
<u>If an amendment provides for an ex</u>	<u>change, reclassi</u>	fication, or cancellation of issued shares,
provisions for implementing the an	<u>nendment if not</u>	contained in the amendment itself:
(if not applicable, indicate N/A)		
		

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	November 1, 2021
The date of each amendme	nt(s) adoption:, if other than the
date this document was signe	zd.
	November 1, 2021
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and shareholder
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	···
,	(voting group)
N	when 1, 2021
No Dated	ovember 1, 2021
Signature	allest Varing
	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)
	Albert Vagnini
	(Typed or printed name of person signing)
	President
	(Title of person signing)