P18000068887

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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11/02/21--01019--017 **35.00



C. BRUMBLEY

- COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Capital Gains Corp) 	
DOCUMENT NUM	P18000068887		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Jill Smith		
		Name of Contact Person	1
	Barclay Group		
		Firm/ Company	
	2300 Curlew Rd., Ste 100		
		Address	
	Palm Harbor, FL 34683		
		City/ State and Zip Cod	e
	jsmith@barclaygroup.com		
		sed for future annual report	notification)
	on concerning this matter, plea		722 7024
Jill Smith		at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section Division of Corporations	
	vision of Corporations D. Box 6327		entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Capital Gains Corp

Capital Gains Corp		
(<u>Name o</u>	f Corporation as currently filed with th	e Florida Dept. of State)
P18000068887		
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment
A. If amending name, enter the new na	me of the corporation:	
		The new
	orp," "Inc," or "Co". A professional	incorporated or the abbreviation "Corp" corporation name must contain the word
B. Enter new principal office address, i	f applicable:	
(Principal office address MUST BE A ST		· · · · · ·
		S - T
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C		:=:
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
D. 16 di abid	d/ou unintered office address in Florida	anton the name of the
D. If amending the registered agent an new registered agent and/or the new		t, enter the name of the
	David Coia, Sr.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		of the obligations of the mairie
1 петепу ассері іне арропитені ак гедіка	erea ageni. Tam jaminar wan and accep	t the obligations of the position.
	My 50.	
	Standure of New Registered Ager	nt. if changing
Check if applicable		
Check if applicable ☐ The amendment(s) is/are being filed po	arsuant 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)

Example:

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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	CEO	Ricardo G. Coia	<u></u>
Add X Remove			
2) Change	P	Capital Gains Corp Reserved	
Add _X Remove 3) Change	COO	Ricardo G. Coia	
Add Remove 4) Change X Add	CEO	David Coia, Sr	2300 Curlew Road, Suite 100 Palm Harbor, FL 34683
Remove 5) Change X Add	P	Ricardo G. Coia	2300 Curlew Road, Suite 100 Palm Harbor, FL 34683
Remove 6) Change Add Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
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	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

	loption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		 _
	(no more than 90 days after amendment file date	·)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the an fficient for approval.	nendment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
10/29/2021		
Dated		
Signature		
(By a di selecte	rector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	David Coia, Sr. / Ay Sk.	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	