P1900000 5255

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COASTAL ESTATES REALTY INC.						
DOCUMENT NUMBER: P19000005255						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
MARY M. SCHWEGMAN						
	Name of Contact Person					
	Firm/ Company					
34931 US 19 NORTH	I, SUITE 108					
	Address					
PALM HARBOR, FI	ORIDA 34684					
	City/ State and Zip Code					
MARY.SCHWEGMAN@G	GMAIL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
MARY SCHWEGMAN	at (727) 743-2333					
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						
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of

COASTAL ESTATES REALTY, INC.					
(Name	of Corporation as currer	itly filed with the Flori	ida Dept. of State)		
P19000005255					
	(Document Number	of Corporation (if know	vn)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corpo	ration adopts the fol	lowing amendment(s	s) to
A. If amending name, enter the new n	ame of the corporation:				
N/A				The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional		the abbreviation	
D. P. A	if and limble.	N/A		2019	
B. Enter new principal office address, (Principal office address MUST BE A S			100		
				- 1	F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		HI: 15	
D. If amending the registered agent an new registered agent and/or the ne			the name of the		
Name of New Registered Agent					
Name of New Registered Agent		• • •			
	(Florida	street address)			
N n 1 100 111	N/A	,	121 - 114 -		
New Registered Office Address:		(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if a I hereby accept the appointment as regis			bligations of the posi	tion.	
•		-			
	Signature of New	Registered Agent if ch	anging		

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 Onc)	Title	Name	Address		
1) Change	P	MARY M. SCHWEGMAN	34931 US 19 NORTH		
Add			PALM HARBOR, FL 34684		
X Remove					
2) Change	PVTS	DAVID WERNER	34931 US 19 NORTH		
X Add			PALM HARBOR, FL 34684		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	fter amendment file date)
(no more than 90 days a	fier amenament file date)
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	tutory 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 by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes east for the amendment(s) was/were suffici	ent for approval
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	eholder action and shareholder
Dated $\frac{1-30-19}{100}$	
Signature By a director, president protect - if d	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)	
MARY M SCHWEGMAN	
(Typed or printed name of	person signing)
PRESIDENT	
(Title of person	n signing)

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