P190000 30428

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to F	-iling Oπicer:	

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FILED 19 AR 7: 15

S. YOUNG

COVER LETTER

TO:	: Amendment Section		
	Division of Corporations		

NAME OF CORPORATION: $E + E = 0$ DOCUMENT NUMBER: $P = 190000$	Coastal Cleaning, Inc.	
The enclosed Articles of Amendment and fee are st		
The enclosed Afficies of Amendment and tee are st	toracted for thing.	
Please return all correspondence concerning this ma	itter to the following:	
Suzanne Rubina Sca	Stewart Name of Contact Person book + Stewart	
100.03011 0 0.1	bner + Stewart Firm/ Company	
307 NE		
	Address	
Ocala, F	2 34470	
	City/ State and Zip Code	
E-mail address: (to be use the formation concerning this matter, please	sed for future annual report notification) se call:	
Eric Beers	2<7 . 471-0418	
Name of Contact Person	at (<u>352</u>) <u>421 - 6418</u> Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

	s currently filed with the Florida Dept. of State)
P 19000030428	Number of Corporation (if known)
,	
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	ration:
	The
	orporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	2647 SW 33°d Ave
(Principal office address <u>MUST BE A STREET ADDRE</u>	Ocala, FL 34476
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2447 SW 33rd Ave
	Ocala, FL 34476
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
	<u> </u>
	Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
St. D. day and A. and Simon in Brahamina Design	and Armana.
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signatur	of New Registered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	า, แกน อเก	iy Simun, 35° as an Aad.	
X Change	<u>PT</u>	John Doc	
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			
Add			
Remove			
2) Change	=,		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if nec	essary). – (Be specifi	(c)		
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If an amendment provides for provisions for implementing	an exchange, reclas	sification, or cancel	lation of issued shares,	
(if not applicable, indicate	e N/A)	or contained in the a	menument usen.	
, ,	,			
				
·	·			· · ·

The date of each amendment(s) adoption:	4-6-2016	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
	(no more than 90 days after amendment file date	<i>')</i>
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirement of State's records.	its, this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes east for the am or approval.	iendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendme	
	nendment(s) was/were sufficient for approval	
by		
(voting group)	
☐ The amendment(s) was/were adopted by to action was not required.	he board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and share	:holder
Dated 4-17-1	9	
Signature & &&	Beers	
(By a director, pr selected, by an in	resident or other officer – if directors or officers have accorporator – if in the hands of a receiver, trustee, or ary by that fiduciary)	
E	Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
6	resident	
	(Title of person signing)	