P19000084889

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2024 OCT 10 PH 3: 00
SECRETARY OF STATE
SEARCH AHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: COASTAL	- Surams	AND ENCLOSURES INC
DOCUMENT NUMBE	R: P 19000	0 84889	AND ENCLOSURES INC
	Amendment and fee are su		
Please return all correspondent	ondence concerning this ma	tter to the following:	
_	VICTOR	BrowkHorst Name of Contact Perso	
		Name of Contact Person	n
- -	(OASTAL	SUNDOMS AU)	ENCLOSULES. INC
	804 N 1	Pirm/Company NEW WALLING	NA KI
_	PONSATOLA	Address 3250	ENCLOSUMES. INC
	· ·	City/ State and Zip Cod	e
For further information of	E-mail address: (to be us		notification)
VILLTOA	RAONKHOUS	at (\$50	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a cheek for t	he following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

2024 OCT TO PM 3: 00 SECRETARY OF STATE TALLAHASSEE, FL

2415 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)
(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) to 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)
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:
Name of New Registered Agent VICTON BRONKHONST 804 N NEW WALLINGTON N)
(Florida street address)
New Registered Office Address: PENSATOLA
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Ann familiar with and accept the obligations of the position. Mercey.
Signature of New Registered Agent, if changing
Check if applicable The considerant(a) interesting filed surgings to a 607 0120 (11) (a) F.S.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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.

Mike Jones, V as Reme	ove, and Sally Smit	th, SV as an Add.	
Example: X Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PT	VICTON BROWKHONST (767-10-2405)	PONSMOLD, FZ
Add		(767-10-2405)	Pousmoin, Fr
Remove			32506
2) Change		···	
Add			
Remove Change	V	(772-36-1181)	804 N NEW WALKINGTON RJ
, 		(772-36-1181)	PERSONA FL
Remove			32206
4) Change	PT	VICTOR BROWLEHOUST (772-36-1181)	POUSMOLA, FR
X Add		(1811 - 36-675)	Pousmour, Fr
Remove			32306
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			77 77 77 77 77 77 77 77 77 77 77 77 77
Remove			SECKE TARY
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The date of each amendment(s) adoption: 10 7 24 date this document was signed.	, if other than the
Effective date if applicable: 10/7/24	
Effective date if applicable: 10 1 29 (no more than 90 days a)	ter amendment file date)
Note: If the date inserted in this block does not meet the applicable stardocument's effective date on the Department of State's records.	atory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	lirectors without shareholder action and shareholder
☐ 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 separately	
"The number of votes cast for the amendment(s) was/were suffic	ent for approval
by VICTOR BLOWKHORST (COMPR.	TUN MOUNTS)
(voting group))
Dated	
Signature	
(By a director, president or other officer – if d selected, by an incorporator – if in the hands	
appointed fiduciary by that fiduciary)	. a receiver, transfer or other count
VICON BRONKI	わいろう
(Typed or printed name of	person signing)
PALSDINT	(NEW)
(Title of person signing)	

FILED
2024 OCT 10 PH 3: 01
SECHLIARY OF STATE
TALLAHASSEE, FL