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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Coastal Contracting of Florida, Inc.				
DOCUMENT NUMBER: \$2000004816				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ronald J. Gatewood Name of Contact Person				
Coastal Contracting of Fr.				
13471 Fern Trail Drive				
North Fort Myers, FL 33903 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Shelby Gatewood at 239 872-1244  Name of Contact Person Area Code & Daytime Telephone Number				
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 Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

Coastal Contracting of F	lorida, Inc.		
(Name of Corporation as curr	rently filed with the Florida Dept. of State	Ð	
<u> </u>			<del></del>
(Document Numb	ber of Corporation (if known)		
resuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	this Florida Profit Corporation adopts the	following ank	endment(s
If amending name, enter the new name of the corporation	<u>n:</u>		
			new
me must be distinguishable and contain the word "corporation nc.," or Co.," or the designation "Corp," "Inc," or "Co hartered," "professional association," or the abbreviation "F	". A professional corporation name mus	previation C st contain the	orp., word
Enter new principal office address, if applicable:			<del></del>
rincipal office address <u>MUST BE A STREET ADDRESS</u> )			
		23	•
			<del>.</del>
Enter new mailing address, if applicable:		ૐ ∾	سم. د د
(Mailing address MAY BE A POST OFFICE BOX)			<del></del> ,
			<u>:</u>
		ؿ	14 2013
		- 5	P=
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 add	aress:		
Name of New Registered Agent			
(Floric	da street address)		
Now Registered Office Address	Florida		
New Regisserea Office Address.	(City)	(Zip Code)	
New Registered Office Address:	, Florida (City)		
ew Registered Agent's Signature, if changing Registered A	<u>vent:</u>		
hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the p	osition.	
Signature of N	lew Registered Agent, if changing		
Signature of N	an Ackinerea Agem, y ominging		
heck if applicable			

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 Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u> </u>	Shelby J Gatewood	13471 Fern Trail Drive
Add		,	North Fort Myers, Fr 33903
Remove			<u> </u>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u>.</u>
Add			
Remove			
6)Change			
Add			
Remove			

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The date of each amendment(s) addate this document was signed.	loption:		, if other than the
Effective date <u>if applicable</u> :	Pril 13, 2023 (no more than 90	days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De		able statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	pted by the incorporators, or b	oard of directors without shareholder a	ection and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	•	number of votes cast for the amendme	ent(s)
must be separately provided for	each voting group entitled to v	ough voting groups. The following state vote separately on the amendment(s):	ement
	for the amendment(s) was/wer	e sufficient for approval	
by	(voting group)	·"	
Dated Operature Signature	id 13,2023 illby J. Sato		<del></del>
selected		er – if directors or officers have not be thands of a receiver, trustee, or other of	
	Shelby J. Ga (Typed or printed )	tewood name of person signing)	
	Vice President (Title of person sig	- currently	