P200000 28491

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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Amend

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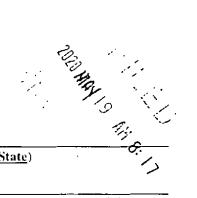
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	East Coast Arbor P	ro Inc.			
DOCUMENT NUMBER	P2000002849	97				
The enclosed Articles of A	mendment and fee are su	ibmitted for filing.				
Please return all correspond	dence concerning this ma	tter to the following:				
		Sonia Becerr	a			
. —	Name of Contact Person					
		Swyft Filings				
		Firm/ Company	,			
*		3 Greenway Plaza #	1320			
		Address				
		Houston, Texas 770	046			
		City/ State and Zip Code	ů			
		filings@swyftfiling:	s.com			
		sed for future annual report				
For further information cor	neerning this matter, pleas	se call				
Sonia Becerra		at (877	777-0450			
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tablahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Chele				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



EAST COAST ARBOR PRO INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000028497

nt(s) to

(Document)	Number of Corporation (if known)
	tutes, this Florida Profit Corporation adopts the following amendmen
its Articles of Incorporation:	tutes, this Prortace Project Compinations adopts the following antendine.
A. If amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	
H. Enter new principal office address, if applicable:	2344 SW Savage Blvd
(Principal office address <u>MUST BE A STREET ADDRES</u>	Port saint Lucie, FL 34953
(Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2344 SW Savage Blvd
	Port saint Lucie, FL 34953
D. If amending the registered agent and/or registered o	ffice address in Florida, enter the name of the
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	12) paida
New Registerea Office Maaress.	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
XSignature	of New Revistered 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 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 Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	ones .		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		_
Type of Action (Check One)	Title		<u>Name</u>	I	Address
1) X Change	Dir		KATELYN SANTOS	_ ,	2344 SW Savage Blvd
Add					Port saint Lucie, FL 34953
Remove					
2) Change		_			
Add					
Remove					
3) Change				 .	
Add					
Remove					
4) Change					
Add					,
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

aaaiiional	dding additional Art sheets, if necessary).	(Be specific)			
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<u>r an amenoment</u> provisions for ir	provides for an exc uplementing the ame	<u>nange, reclassifica</u> endment if nut cor	tion, or cancellate	<u>on of issued snares</u> ndment itself:	3
(if not applic	cable, indicate N/A)	.nament ii not con	tumed in the ume.	indifferent Hours	
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				<u> </u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, physident or other officer – if 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)	
Katelyn Santos	
(Typed or printed name of person signing)	
PRESIDENT / SILECTOR (Title of person signing)	
' (Title of person signing)	