# P20000039318

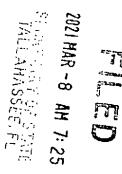
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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Coast of Naples Inc. DOCUMENT NUMBER: P20000039318 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Douglas Perusse Name of Contact Person Coast of Naples Inc. Firm/ Company 2004 High Vista Dr. Address Lakeland, Florida 33813 City/ State and Zip Code mr57cadillacman@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_ at ( 239 ) 273-6058 Area Code & Daytime Telephone Number Douglas Perusse Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐\$52.50 Filing Fee **\$35** Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

## Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

## Articles of Amendment to Articles of Incorporation of

Coast of Naples Inc.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P20000039318	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	Thenew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	2
C. Enter new mailing address, if applicable:	NA H
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	55° <b>3</b> D
	m <sub>o</sub> -
D. If amending the registered agent and/or registered office agent new registered agent and/or the new registered office address.	ddress in Florida, enter the name of the
NA NA	<del></del>
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familio	ent: ar with and accept the obligations of the position.
The state of the s	
Signature of New	c Registered Agent, if changing

Check if applicable

 $\blacksquare$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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.

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 One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Steve Perusse	2004 High Vista Dr
Add X			Lakeland Florida 33813
Remove 2) Change	TS	Douglas Perusse	2004 High Vista Dr.
Add			Lakeland Florida 33813
3) X Remove	VTS	Douglas Perusee	2004 High Vista Dr
Add			Lakeland Florida 33813
Remove			
4) Change			·
Add Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	sheets, if necessary,	). (Be specific	)			
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orovisions for it	provides for an emplementing the a	venauge, rectass mendment if no	strication, or ea	the amendmen	t itself:	
(if not applic	cable, indicate N/4)					
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	03/03/2021	
The date of each amendment(s) ad	option:, if ot	her than the
date this document was signed.	N2/21	
Effective date <u>if applicable</u> :	3/2021	
<u>.,</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adoraction was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) Heient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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 P & TS = 2		
03/03/2021 Dated	(voting group)	
Signature		
selected	rector, president or wher officer – if directors or officers have not been I, by an incorporate – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Steve Perusse //	
•	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	