P210000020406

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SEUNETARY OF STATE
ALLAHASSEF

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COVER LETTER

TO: Amendment Section Division of Corporations	· •
	accounting of Tidasville Inc
DOCUMENT NUMBER: P21000020	3406
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter to	to the following:
Carol Coastal a 2656 B	S Allison Name of Contact Person Clounting of Titusille Inc Firm/ Company Address Sville 21 32780
	City/ State and Zip Code
calli	Son 626 Juno, Com or future annual report notification)
For further information concerning this matter, please ca	ill:
Carol 5 Pollison Name of Contact Person	at (<u>321</u>) <u>480 978 9</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made paya	·
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	IS43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
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

Articles of z	2021 OF	
Articles of In	뙚의지	
Coastal Accounting of	Titusville, INC.	22 PARY OF ASSEE
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P210000204		- 10 B -
(Document Number	of Corporation (if known)	39 DA
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		Th
name must be distinguishable and contain the word "corporation,"	"company," or "incorporated" or the abbrevia	The new tion "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must cont	ain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered office addre		
Name of New Registered Agent W/A		
(21.5.7.	district and the sum of	
(r tortaa s	(treet address)	
New Registered Office Address:	, Florida	
	(City) (Zi	p Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position	v.
Signature of New	Registered Agent, if changing	_

Check if applicable

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

Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name C	<u>Addres</u> s
1) Change	Vρ	Rebecca Simons	3673 MARY LOULANE Melbourne 71
X Add			
Remove			32934
2) Change	.		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, N/A						
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an amendment provice rovisions for implementations for implementations.	les for an exchange	e. reclassificati	on, or cancella	tion of issued s	snares, r.	
if not applicable, it	idicaie N/4)	ent ir not cont.	anieu in the an	icitament user	<u>'-</u>	
N/H						
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The date of each amendment(s) adoption date this document was signed.	on: 10/19/2021	, if c	other tl	han the
Effective date <u>if applicable</u> :	10 19 Z-0 Z { (no more than 90 days after amendment file date)			
Note: If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing requirements, this date wnent of State's records.	ill not be	: listed	l as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action as	nd shareh	older	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(s) ent for approval.	_ 1		
must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s): the amendment(s) was/were sufficient for approval	SEORE IARY	2021 OCT 22 PM 6: 40	<u>π</u>
		ξΥ û	2	FILED
by	(voting group)	RY OF STATE SEE, FLORID,	դ ։9 µc	O
Dated	19/2021	>	0	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)			
	(Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	president			
	(Title of person signing)			