P210000093248

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TO: Amendment Section Division of Corporations

SUBJECT: COASTLINE MANAGEMENT AI			
DOCUMENT NUMBER: P21000093248	Name of Corporation		
· · ·			
The enclosed Articles of Correction and for		_	
Please return all correspondence concerning	ng this matter to t	he following:	
CHRISTY MENDOZA			
Name of Contact Person		er-	
ALLEN CORP SUPPLY			
Firm/Company		_	
10440 PIONEER BLVD. STE. 8			
Address		-	
SANTA FE SPRINGS, CA 90670			
City/State and Zip Code		-	
ORDERS@ALLENCORPSUPPLY.COM			
E-mail address: (to be used for future annual r	eport notification)	-	
For further information concerning this m	atter, please call:		
CHRISTY MENDOZA	562	906-1635	
Name of Contact Person	Area Code	906-1635 Daytime Telephone Number	
Enclosed is a check for the following amo	ount:		
☐ \$35.00 Filing Fee	□ \$43.75 Filii	☐ \$43.75 Filing Fee & Certificate of Status	
■ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified 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

ARTICLES OF CORRECTION

For

COASTLINE MANAGEMENT ADVISERS INC. Name of Corporation as currently filed with the Florida Dept	of State
P21000093248	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct ARTICLES OF INCORPORATION (Document Type B	ARTICLE VII
filed with the Department of State on [10/27/2021] (File Date of Document)	eing Corrected)
Specify the inaccuracy, incorrect statement, or defect:	
SPELLING OF THE DIRECTORS NAME ARTICLE VII: MICHAEL PORS	HAK 1
	V V
	<u> </u>
	<u></u>
Correct the inaccuracy, incorrect statement, or defect: SPELLING OF THE DIRECTORS NAME ARTICLE VII SHOULD BE: MI	CHAEL PROSHAK
(Signature of a director, president or other officer - if directors or not been selected, by an incorporator - if in the hands of the receivable other court appointed fiduciary, by that fiduciary.)	officers have over, trustee, or
MICHAEL PROSHAK	DIRECTOR
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00