P2200086214

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
Special illistration.	J. HORNE DEC - 5 2022

Office Use Only



300388840423

2022 MOHST PHI2: 43022 DEC -1 AH 8: E

31

2330 CLARE DRIVE	
TALLAHASSEE, FL 32309 .	
(850) 524-5437	
(850) 524-624	
Please use funds from this account: 12021	000016Q Amount: \$52.50
Authorization Signature:	es27ell
GONE COASTAL AT NSB REALTY INC ()	P22000086214
Business	Document #
Walk in	
Pick up time	
rick up time	
Mail out	Will wait
Photocopy	
X Certified Copy of Articles of Incorpora	ation .
_X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	XAmendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/
LLLP	Merger
CORP	Conversion
	AFFIDAVID BY FOREIGN CORP.
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Statement of AUTHORITY
Fictitious Name	Reinstatement
APOSTIL	
NER'S INITIALS:	

'FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437 (850) 524-624	
Please use funds from this account: I2021000 Authorization Signature: GONE COASTAL AT NSB REALTY INC Business	00160 Amount: \$52.50 Full———————————————————————————————————
Walk in Pick up time	
Mail out	Will wait
Photocopy	
_X Certified Copy of Articles of Incorporation	n
_X Certificate of Status	
NEW FILINGS ProfitNot for Profit Limited LiabilityDomesticationLLLPCORP	AMMENDMENTS X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/ Merger Conversion AFFIDAVID BY FOREIGN CORP.
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Statement of AUTHORITY
Fictitious Name	Reinstatement
APOSTIL	
INED'S INITIALS.	

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Gone Coastal At N	SB Realty Inc.		
DOCUMENT NUMBER: P2	2000086214			
The enclosed Articles of Amend	ment and fee are sub	mitted for filing.		
Please return all correspondence	concerning this matt	ter to the following:		
		Tammy Miller		
		Name of Contact Person	1	
Gone Coastal At NSB Realty Inc.				
Firm/ Company				
490 N Causeway				
Address				
	Ne	w Smyrna Beach FL 321	69	
		City/ State and Zip Cod	e	
	tmiller@;	avid-accounting.com		
E-m	•	ed for future annual report	notification)	
For further information concern	ing this matter, pleas	e call:		
Tammy Miller		at (270	860-9373	
Name of Contac	t Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made p	oayable to the Florida Dep	artment of State:	
_	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment S Division of C P.O. Box 632	Section orporations	Amen Divisi	Address dment Section on of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2022 DEC -1 AH 6: 50

Gone Coastal At NSB Realty Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P22000086214 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "corporation" or the abbreviation "P A"

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 "I	". A professional corporation name must contain the wor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	490 N Causeway New Smyrna Beach FL 32169		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	490 N Causeway New Smyrna Beach FL 32169		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade Name of New Registered Agent	address in Florida, enter the name of the dress:		
New Registered Office Address:	(City), Florida		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ 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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	VP	Jon Miller	2761 US Hwy 60 E
1) Change Add			Henderson KY 42420
X Remove			
2) Change	SH	Jon Miller	2761 US Hwy 60 E
X Add	_		Henderson KY 42420
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	.		
Add			
Remove			

ach additional sheets	, if necessary). (Be s	specific)				
<u> </u>						
						
						
						•
						
			_			
						
		<u> </u>		-		
						
	vides for an exchange	reclassification	n, or cancellation	of issued share	S.	
ovisions for impler	nenting the amendme	ent if not contai	ned in the amend	dment itself:	_	
(if not applicable,	indicate N/A)	<u> </u>				
						
		<u> </u>				
						
	· · · · · · · · · · · · · · · · · · ·					
			· · · · · · · · · · · · · · · · · · ·			

11/14/2022	
The date of each amendment(s) adoption:	r than the
date this document was signed.	
11/14/2022	
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 will not be list document's effective date on the Department of State's records.	ted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	er
☐ 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	
bu "	
by	
Signature (By a director, president or other officer—ff 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) Daniel St George (Typed or printed name of person signing) President	_
(Title of person signing)	