

P22000086214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

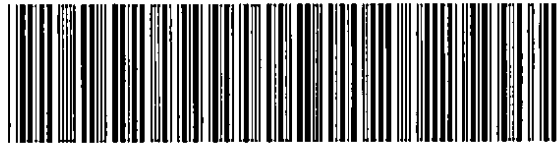
(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
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DEC - 1 AM 8:50

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 120210000160 Amount: \$52.50

Authorization Signature: James R. Full

GONE COASTAL AT NSB REALTY INC P22000086214

Business Document #

☐ Walk in
☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy of Articles of Incorporation

☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ CORP

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/
☐ Merger
☐ Conversion
☐ AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of AUTHORITY
☐ Reinstatement

AMINER'S INITIALS: _____

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(850) 524-5437
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GONE COASTAL AT NSB REALTY INC

P22000086214

Business

Document #

___ Walk in
___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

X **Certified Copy of Articles of Incorporation**

X **Certificate of Status**

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ LLLP
___ **CORP**

AMMENDMENTS

X **Amendment**
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/
___ Merger
___ **Conversion**
___ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ **APOSTIL**

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Statement of AUTHORITY
___ Reinstatement

AMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gone Coastal At NSB Realty Inc.

DOCUMENT NUMBER: P22000086214

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy Miller
Name of Contact Person
Gone Coastal At NSB Realty Inc.
Firm/ Company
490 N Causeway
Address
New Smyrna Beach FL 32169
City/ State and Zip Code
tmiller@avid-accounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Miller at (270) 860-9373
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>VP</u>	<u>Jon Miller</u>	<u>2761 US Hwy 60 E</u>
<u> </u> Add			<u>Henderson KY 42420</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>SH</u>	<u>Jon Miller</u>	<u>2761 US Hwy 60 E</u>
<u>X</u> Add			<u>Henderson KY 42420</u>
<u> </u> Remove			
3) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

11/14/2022

The date of each amendment(s) adoption: _____, if other 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 listed as the document's effective date on the Department of State's records.

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.


☐ 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)

Dated 11/30/2022

Signature 
(By a director, president 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)

Daniel St George

(Typed or printed name of person signing)

President

(Title of person signing)