## P95000019784

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Westcoast		n Design Inc
DOCUMENT NUMBER: P9500001978	34	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Jim Ward		
	Name of Contact Person	n
Westcoast Auto	Trim & Sign Des	ign Inc
	Firm/ Company	
8435 Afton Lane		
	Address	
Port Richey, Flor	ida 34668	
	City/ State and Zip Cod	e
vipsupplies@yahoo.	com	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Jim Ward	<sub>at (</sub> 727	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee Secretificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton	Address iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Westcoast Auto Trim & S	sign Design, Inc.	
(Name of Corporation as	currently filed with the Fl	orida Dept. of State)
P95000019784		
(Documen	nt Number of Corporation (if	known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	·
VIP Supplies Inc.		The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "(	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
<ul> <li>B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)</li> <li>C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)</li> </ul>		8435 Afton Lane
		Port Richey, FL 34668 🧟 🚊 💯
		Port Richey, FL 34668  8435 Afton Lane Port Richey, FL 34668
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addr w registered office address: N/A	ess in Florida, enter the name of the
Name of New Registered Agent  N/A  (Florida street address)		
		not addresse)
New Registered Office Address:	N/A	, Florida <b>N/A</b>
	(City)	(Zip Code)
	hanging Registered Agent: tered agent. I am familiar v gnature of New Registered A	with and accept the obligations of the position.

## 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	<u>1 Doe</u>		
X Remove	<u>V</u> · <u>Mik</u>	e Jones		
<u>X</u> Add	<u>SV</u> Şally	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change		N/A	<u>N/A</u>	
Add				
Remove				<del></del>
2) Change		N/A	N/A	···
Add				
Remove		21/2		
3) Change		N/A	<u>N/A</u>	
Add				
Remove				
4) Change		N/A	N/A	
Add				
Remove				
5) Change		N/A	<u>N/A</u>	
Add				
Remove				
6) Change		N/A	N/A	
Add				
Damova				

(Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
I/A	f
I/A	
	,
	and the state of t
	1 165 of 31 of 62 3 3
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
<ul> <li>If an amendment provides for an exch provisions for implementing the amer</li> </ul>	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
<ul> <li>If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)</li> </ul>	ange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:
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The date of each amendment(s) adoption: 12/11/2012	
Effective date <u>if applicable</u> :	I/A
Elective date it applicable.	(no more than 90 days after amendment file dute)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval ,
	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_12/1	1/2012
Signature	Tim Ward
(By:	a director, president or other officer - if directors or officers have not been
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
аррс	mice neuclary by that neuclary)
	Jim Ward
	(Typed or printed name of person signing)
	President
	(Title of person signing)