

P9600094746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

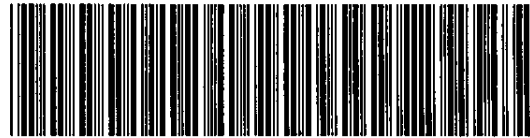
(Business Entity Name)

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14 SEP 12 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 15 2014

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September 10, 2014

### VIA FEDERAL EXPRESS

Cathy Carrothers  
Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Corporation/LLC Name Changes

Dear Cathy:

It was a pleasure speaking with you on the phone on Monday. Enclosed please find the following documents we discussed:

1. Emerald Coast Title Services, Inc. – Articles of Amendment Changing name to Emerald 2014, Inc.;
2. Emerald Coast Exchange Services, Inc. – Articles of Amendment Changing name to Emerald Exchange 2014, Inc.;
3. ECTS, LLC – Articles of Amendment to Articles of Organization changing name to Emerald Coast Title Services, LLC; and
4. Articles of Organization for Emerald Coast Exchange Services, LLC.

Also enclosed is this firm's check in the amount of \$230.00 to cover the filing fees for all of these documents. Please do not hesitate to contact me if you have ANY questions regarding any of the above documents. I have placed sticky notes on the documents (as you suggested) stating the order in which to file the documents so everything should run smoothly.

Once again, thank you for your help in this matter.

Sincerely,

Margaret M. Clark  
Legal Assistant to Andrew B. Levy

/mmc

Enclosures: As Stated

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EMERALD COAST EXCHANGE SERVICES, INC.

DOCUMENT NUMBER: P96000094746

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

Please return all correspondence concerning this matter to the following:

ROBERT LYERLY

Name of Contact Person

Firm/ Company

543 HARBOR BLVD, SUITE 103

Address

DESTIN, FL 32541

City/ State and Zip Code

RJLYERLY@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT LYERLY

Name of Contact Person

at ( 850 ) 803-7085

Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate 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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

EMERALD COAST EXCHANGE SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000094746

(Document Number of Corporation (if known))

FILED  
14 SEP 12 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

EMERALD EXCHANGE 2014, INC.

*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 "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

543 HARBOR BLVD

SUITE 103

DESTIN, FL 32541

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**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

**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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

[illegible][illegible]

The date of each amendment(s) adoption: SEPTEMBER 10, 2014, if other than the date this document was signed.

Effective date if applicable: SEPTEMBER 10, 2014  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated SEPTEMBER 10, 2014

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)

ROBERT LYERLY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)