P97000100029

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: COASTAL HOMI	ES OF SOUTH FLORIDA.	INC.
DOCUMENT NUME	P97000100029		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	JAMES E. MOYE, JR.		
		Name of Contact Person	n
	COASTAL HOMES OF SO	UTH FLORIDA, INC.	
		Firm/ Company	
	5959 BLUE LAGOON DRIV	VE, #200	
		Address	
	MIAMI, FLORIDA 33126		
	·	City/ State and Zip Cod	e
JMO'	'E@COASTALCONSTRUC		
	E-mail address: (to be u	sed for future annual report	notification)
		II.	
or Jurther information	n concerning this matter, plea	se call:	
JAMES E. MOYE, JR.		305 at (559-4900
Name o	of Contact Person	Area Code & Daytime Telephone Nu	
inclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:
	· · · · · · · · · · · · · · · · · · ·	r	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	ling Address	Street	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

SLUKLING OF STATE

Articles of Amendment to Articles of Incorporation of

COASTAL HOMES OF SOUTH FLORIDA, INC.

(Name of Corpora	ition as currently filed with the Florida Dept. of State)		
P97000100029			
(Doce	ument Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Floritts Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the follo	wing amendn	nent(s)
A. If amending name, enter the new name of the	corporation:		
		The ne	ew.
	ord "corporation," "company," or "incorporated" or the rp," "Inc," or "Co". A professional corporation name m he abbreviation "P.A."		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL			-
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)		.
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the	25 C	
Name of New Registered Agent			ر م
		: 5 5 1	.≯ -d =
	(Florida street address)		1
New Registered Office Address:	Florida		_
	(City) (2	Lip Code)	
New Registered Agent's Signature, if changing R	Florida G		de)
	. I am familiar with and accept the obligations of the position	m.	
Sis	gnature 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VC	DANIEL E. WHITEMAN	5959 BLUE LAGOON DRIVE
Add			#200
X Remove			MIAMI, FLORIDA 33126
2) Change	AS	LYNN PHILBRICK	5959 BLUE LAGOON DRIVE
Add			#200
X Remove			MIAMI, FLORIDA 33126
3) Change			_
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

	icles, enter change(s) here: (Be specific)
•	• •
	<u>-</u>
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16	and the state of t
if an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) noi appucabie, inaicaie in/A)	
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., .,	
· · · · · · · · · · · · · · · · · · ·	
.,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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):	nt
"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.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
MAY 30, 2019 Dated	
Signature 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)	
JAMES E. MOYE, JR.	
(Typed or printed name of person signing)	
GENERAL COUNSEL AND SECRETARY	

(Title of person signing)