555335

(Re	equestor's Name)	
(Ac	ldress)	
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(Či	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: COASTAL	PRESSURE SI	ERVICES, INC.
DOCUMENT NUMBER:	S55335		
The enclosed Articles of Am	endment and fee are su	ubmitted for filing.	
Please return all corresponde	ence concerning this ma	atter to the following:	
	E	BRIAN STRUNCI	<
		Name of Contact Person	1
COASTAL		PRESSURE SE	RVICES, INC.
		Firm/ Company	
		10626 FALLS S	Т
	,	Address	
	WE	LLINGTON, FL	
		City/ State and Zip Cod	е
F	E-mail address: (to be u	sed for future annual report	notification)
For further information conc	-		
	STRUNCK	at (561	de & Daytime Telephone Number
Name of Con	tact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fe	ollowing amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee □	1\$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)
P.O. Box 6	nt Section f Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment Articles of Incorporation

COASTAL PRESSURE SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) S55335 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 10626 FALLS ST. # (Mailing address MAY BE A POST OFFICE BOX) WELLINGTON, FL 33414 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: **BRIAN STRUNCK** Name of New Registered Agent 10626 FALLS ST., WELLINGTON, FL 33414 (Florida street address) 10626 FALLS ST., WELLINGTON, Florida 33414 New Registered Office Address: 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PD	JOHN STRUNCK	3431 SAPPHIRE ROAD LANTANA, FL 33462
2) Change Add X Remove	VSTD	MICHAEL STRUNCK	3431 SAPPHIRE ROAD LANTANA, FL 33462
3) Change Add Remove	PDVST	BRIAN STRUNCK	10626 FALLS ST. WELLINGTON, FL 33414
4) Change Add Remove		_	
5) Change Add Remove			
6) Change Add Remove			

	heets, if necessary).	(Be specific)		
/A				
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		<u> </u>		
	provides for an excha	inge, reclassification dment if not contain	ı, or cancellation of i ned in the amendmer	ssued shares, it itself:
provisions for imp (if not applicate	ble, indicate N/A)			
provisions for imp (if not applicate	ble, indicate N/A)			
provisions for imp (if not applicate	ble, indicate N/A)			
provisions for imp	ble, indicate N/A)			
provisions for imp (if not applicate	ble, indicate N/A)			
provisions for imp (if not applicate	ble, indicate N/A)			
provisions for imp	ble, indicate N/A)			

The date of each amendment(s) a	February 24, 2012
Effective date if applicable:	bruary 24, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated	2/24/12
Signature	wheel I Stained
	rector, president or other officer - if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ed fiduciary by that fiduciary)
	MICHAEL STRUNCK
	(Typed or printed name of person signing)
	(Title of person signing)