592701

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Coast to Coast Gro	oup, Inc				
DOCUMENT NUMI	\$02701					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	itter to the following:				
	George M Kouskoutis					
	Name of Contact Person					
		Firm/ Company				
	536 E Tarpon Ave Suite 1B	• •				
		Address				
	Tarpon Springs, FL 34689					
		City/ State and Zip Cod	e			
For further informatio	E-mail address: (to be use n concerning this matter, plea	sed for future annual report se call:	notification)			
George M Kouskoutis	S	at (727	942-3100			
Name o	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment 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)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address ment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Coast to Coast Group, Inc.				
(<u>Name o</u>	of Corporation as currer	ntly filed with the Florida Dept. of State)		
592701	(Danument Number	of Companies (if Impure)		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the follo	wing amendme	ent(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The new	
	orp." "Inc," or "Co".	"company," or "incorporated" or the abbrev A professional corporation name must co		
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				
				t. Tj
				•
C. Enter new mailing address, if appli	cable:	NIA		١.
(Mailing address MAY BE A POST)		N/A	<u>_</u>	
			77	il Principal Tight
				ر. د تا سد
			<u></u>	
D. If amending the registered agent an				•
new registered agent and/or the nev		<u>ss:</u>		
Name of New Registered Agent N/A				
	(Florida s	street address)		
New Registered Office Address:	N/A	, Florida		
		(City)	Zip Code)	
New Registered Agent's Signature, if cl	hanging Registered Ager	nt;		
		with and accept the obligations of the position	m.	
	Signature of New	Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	DS	<u> </u>	George M Kouskoutis	536 E Tarpon Ave Suite 1B
Add				Tarpon Springs, FL 34689
X Remove				
2) Change		_		
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				- WITE
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

/ A ** ~ ~	ending or adding additional Articles, enter change(s) here:	
	h additional sheets, if necessary). (Be specific)	
N/A		
		 -
		······································
- -		
	amendment provides for an exchange, reclassification, or cancellation of issued shares,	
prov	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	у та аррасияс, пинсис непу	
IN/A	—	
	· · · · · · · · · · · · · · · · · · ·	
 		
		
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The date of each amendment(June 15th, 2020 (s) adoption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	June 15th, 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirement e Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amore sufficient for approval.	endment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendmen	ng statement u(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by Coast to Coast Gre	oup, Group	
,	(voting group)	
6/15/20	920	
Dated	<u> </u>	
Signature		
sel	a director, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or oxinted fiduciary by that fiduciary)	
	George M Kouskoutis	
	(Typed or printed name of person signing)	
	Director/Treasurer	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·