## 717768

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SECRETARY OF STATE

DEC 0 8 2014 C. CARROTHERS

## **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: MONTEREY +	HOUSE CONDOMINIUM, INC
DOCUMENT NUMBER: 717768	
The enclosed Articles of Amendment and fee are submitted for filir	ng.
Please return all correspondence concerning this matter to the follow	wing:
HATHLEEN (KATHY) (Name of Co	
(Name of Co	entact Person)
MONTEREY HO	TUSE CONSOMINIUM, INC.
3114 S. DCEAN	
Add	dress)
HIGHLAND DEA	1ress)  1. CH <sub>2</sub> FL 33487  1nd Zip Code)
(City/ State a	and Zip Code)
	nual report notification)
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
Name of Contact Person)	at561.276-7145
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the F	Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ Certificate of Status Certified C (Additiona enclosed)	Copy Certificate of Status I copy is Certified Copy
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation :	is currently filed	with the Florida Dept	. of State)		
	717765	7			
(Docume	ent Number of Con	poration (if known)			
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this F	lorida Not For Profit C	Corporation ado	pts the fo	llowing
A. If amending name, enter the new name of the	corporation:				
				7	he new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		"incorporated" or the	abbreviation "C	orp." or	"Inc."
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AL</u>					<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )			SECRETARY TAGLAHASSE	2015 DEC - 7
D. If amending the registered agent and/or regist new registered agent and/or the new registere		ss in Florida, enter the	e name of the	OF STATE	P# 4: -
Name of New Registered Agent:	JOSE	PH P. BAR	RELL		
<u>New Registered Office Address</u> : -	3114 HIGHE (City)	S. OCEAN B (Florida street LAND BEAC	•	334. de)	87
New Registered Agent's Signature, if changing Relative in the I hereby accept the appointment as registered agent.	egistered Agent:  I am familiar wi	th and accept the oblig		ŕ	
<del>-</del> /	1	JosePH of New Registered Age	• •		<u>-</u>

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 X Remove X Add	PT John Do V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name O	<u>Addres</u> s
1) Change	TREASURER	RAE BUCK JR.	3114 S. OCEAN BLUD * MORE HIGHLAND BEACH, FL
Add Remove			HIGHLAND BEACH, FL
2) Change	TREASURER	JOSEPH P. BARRELL	3114 S OCEAN BUD. #502 HIGHLAND BEACH, FL
Add			HIGHLAND BEACH, FL
Remove 3) Change			<u>5548' </u>
Add			
Remove			
4) Change	<del></del>		
Add Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove		Page 2 of 4	

f amending or adding additional Ar ttach additional sheets, if necessary).	( <b>F</b> 97			
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	date of each amendment(s) adoption:, if other than the
date	this document was signed.
Effe	ective date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
Ado	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
<b>(20)</b>	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 12/2/15
	Signature doctober
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JOANNE HUTCHINS
	(Typed or printed name of person signing)
	PRESIDENT (James Hutcherid)