

718642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

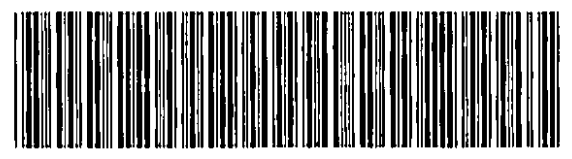
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Mara Carter
gave permission to
Ch Box Board w/o
members.
DC
8-1-18

Office Use Only



400314198604

06/07/18--01023--010 **35.00

FILED
2018 JUL 20 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FL

Arnel
8/1/18
DC



EXCLUSIVE PROPERTY MANAGEMENT

SAVOY EAST CONDOMINIUM ASSOCIATION, INC.

July 6, 2018

Ms. Rebekah White, Regulatory Specialist II
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Savoy East Association, Inc. (Document No. 718642)

Dear Ms. White,

Please see the enclosed Articles of Amendment to Articles of Incorporation form. You will also find a copy of the letter received on June 20, 2018, instructing my company on how to complete the amendment process. Please also allow this letter to serve as a written request to continue processing the attached document. We do not need to amend the annual report, simply amend the Articles to delete a Board Member.

Respectfully,

Savoy East Board of Directors



FLORIDA DEPARTMENT OF STATE
Division of Corporations

COPY
6

June 20, 2018

MARA CARTER
2945 W. CYPRESS CREEK RD STE 201
FORT LAUDERDALE, FL 33309

SUBJECT: SAVOY EAST ASSOCIATION, INC.
Ref. Number: 718642

We have received your document for SAVOY EAST ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The check has already been cashed and the funds allocated to the amendment document. Therefore, we are unable to transfer the funds pd. for the annual report voucher. The Amount needed to complete the amended annual report process would be \$61.25 and an separate check in that amount would be needed. As for the \$35.00 check submitted for the articles of amendment, you may submit a request in writing for a refund of that fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 618A00012839

RECEIVED
18 JUL 20 PM 2:03
SECRETARY OF
TALLAHASSEE, FL

RECEIVED JUN 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2018

MARA CARTER
2945 W. CYPRESS CREEK RD STE 201
FORT LAUDERDALE, FL 33309

SUBJECT: SAVOY EAST ASSOCIATION, INC.
Ref. Number: 718642

We have received your document for SAVOY EAST ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you have submitted is for a profit corporation to become a profit benefit or social benefit corporation. Because the above referenced entity is a not for profit corporation, this document cannot be filed. Please see the enclosed form for filing articles of amendment for a not for profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 718A00011961

RECEIVED
18 JUN 19 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED JUN 15 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Savoy East Association, Inc.

DOCUMENT NUMBER: No. 718642

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

Please return all correspondence concerning this matter to the following:

Mara Carter
Name of Contact Person
Exclusive Property Management
Firm/ Company
2945 West Cypress Creek Road, Suite 201
Address
Fort Lauderdale, FL 33309
City/ State and Zip Code
mcarter@exclusivepm.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mara Carter at (954) 258-3179
Name of Contact Person 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)
- Previously Paid*

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
SAVOY EAST ASSOCIATION, INC.

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

718642

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2018 JUL 20 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Director</u>	<u>Vinny Colausi</u>	<u>c/o Exclusive Property Managemen</u> <u>2945 West Cypress Creek Rd., 201</u> <u>Fort Lauderdale, FL 33309</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Lined area for entering changes to articles.

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

Effective date if applicable: _____
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.

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 May 30, 2018

Signature  _____

(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)

Robert Sackett

(Typed or printed name of person signing)

President

(Title of person signing)