

730919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

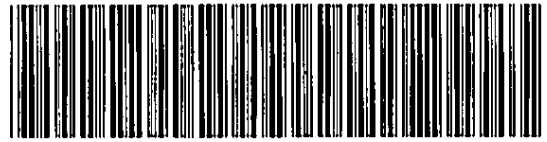
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2020

MELISSA MEDLOCK  
MELISSA M. MEDLOCK, CPA, P.A.  
2127 10TH AVENUE  
VERO BEACH, FL 32960

SUBJECT: COQUINA PLACE, INC.  
Ref. Number: 730919

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY.

THE PRINTOUT ATTACHED SHOWS JOHN COLEMAN LISTED AS THE PRESIDENT. PLEASE AMEND YOUR DOCUMENT ACCORDINGLY.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 920A00018920

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Coquina Place, Inc

**DOCUMENT NUMBER:** 730919

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

Please return all correspondence concerning this matter to the following:

Melissa Medlock

Name of Contact Person

Melissa M. Medlock, CPA, P.A.

Firm/ Company

2127 10th Avenue

Address

Vero Beach, FL 32960

City/ State and Zip Code

medlockcpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Medlock at ( 772 ) 226-7297  
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)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Coquina Place, Inc.

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

730919

(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:**

N/A

*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**)

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**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: Melissa M. Medlock

2127 10th Avenue

(Florida street address)

New Registered Office Address:

Vero Beach

(City)

Florida 32960

(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

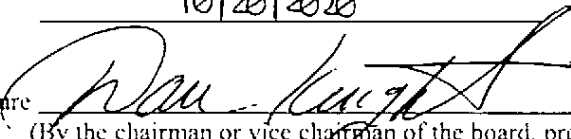
Add                SV     Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>William Osburne</u>	<u>800 Coquina Lane, #105</u>
<input type="checkbox"/> Add			<u>Vero Beach, FL 32963</u>
<input type="checkbox"/> Remove			<u>800 Coquina Lane, #103</u>
2) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>Dan Knight</u>	<u>Vero Beach, FL 32963</u>
<input type="checkbox"/> Add			<u>800 Coquina Lane, #202</u>
<input type="checkbox"/> Remove			<u>Vero Beach, FL 32963</u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>Rosanne Moler</u>	<u>800 Coquina Lane, #103</u>
<input checked="" type="checkbox"/> Add			<u>Vero Beach, FL 32963</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>John Coleman</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



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 10/20/2020

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)

Dan Knight  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)