N01000008689

(Requ	estor's Name)
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	ime)
(Docu	ment Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fil	ing Officer:	

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08/31/12--01012--019 **43.75

SECRETARY OF STATE OF VISION OF CORPORATION

Amend

SEP - 4 2012

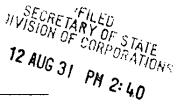
T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corpora				
	ATION: ST AUGUS		STORIC	C INNS INC
DOCUMENT NUMBE	R: N0100000868	9	 	
The enclosed Articles of	f Amendment and fee are sub	mitted for fil	ing.	
Please return all corresp	ondence concerning this mat	ter to the follo	owing:	
(CHRISTOPHER	SPRING	HORN	
_(CHRISTOPHER S	SPRING		
6	01-C PONCE DE		Company BLVD S	5
5	ST AUGUSTINE,		ldress 34	
		City/ State	and Zip Code	2
CHF	RIS@SPRINGHO	RNCPA	COM	
	E-mail address: (to be use	ed for future	innual report	notification)
For further information of	concerning this matter, please	e call:		
CHRISTOPHE	ER SPRINGHOR	N at	904	, 827-0088
Name of	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	ayable to the	Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 F. Certified (Addition enclosed)	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assec, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



ST. AUGUSTINE HISTORIC INNS, INC.

(Docu	ment Number of Corporation (if known	n)
Pursuant to the provisions of section 6 amendment(s) to its Articles of Incorp		Not For Profit Corporation adopts the following
A. If amending name, enter the new	v name of the corporation:	
name must be distinguishable and con	ntain the word "corporation" or "inco	The new rporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be use	d in the name.	
B. Enter new principal office addre (Principal office address <u>MUST BE</u>	ess, if applicable: <u>A STREET ADDRESS</u>)	
		
C. Enter new mailing address, if a (Mailing address MAY BE A POS		
(Pruning united profit DE 21 TO		
		
		
D. If amending the registered agent new registered agent and/or the	t and/or registered office address in linew registered office address:	Florida, enter the name of the
Name of New Registered Age		
	ж.	
Hume of New Registered Age		
New Registered Office Address:	(Florida street aa	ldress)
	(Florida street aa	,
	(Florida street aa (City)	, Florida (Zip Code)
New Registered Office Address: New Registered Agent's Signature,	(City) if changing Registered Agent:	, Florida

Page 1 of 4

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TR	DAVID WATKNSON	83 CEDAR ST
Add			ST AUGUSTINE, FL 32084
X Remove			
2) Change	TR	PATRICIA DOBOSZ	38 MARINE ST
$\frac{\mathbf{X}}{\mathbf{X}}_{\text{Add}}$			ST AUGUSTINE, FL 32084
Remove			
3) Change	<u>VP</u>	PATRICIA DOBOSZ	38 MARINE ST
Add			ST AUGUSTINE, FL 32084
X Remove			
4) Change	VP	MARILYN SEXTON	11 CADIZ ST
X			ST AUGUSTINE, FL 32084
Remove			
5) Change			
Add			
Remove			
6) Change	-		***
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·

If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
·	

The date of each amendment(s)	adoption: JULY 31, 2012
Effective date if applicable:	JULY 31, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated AUG	WST 15, 2012
Signature	<i>,</i>
(By sele	a director, president or other officer – if directors or officers have not been cied, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	PATRICIA DOBOSZ
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)