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(((H13000131833 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091

Fax Number

: (770)220-1943

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annual rep	ort mailir	ngs. E	nter	only one	email	addres	s ple	ase.	
Email Addre	866!								CRE

COR AMND/RESTATE/CORRECT OR O/D RESIGN ESPLANADE BY SIESTA KEY MASTER ASSOCIATION, I

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu



TO: Amendment Section

COVER LETTER

850-617-6381

Division of Corporations	
NAME OF CORPORATION: Esplanade by Siesta Key Master Association, In-	c.
DOCUMENT NUMBER: N13000002183	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sharon K. Gray	
(Name of Contact Person)	
Triad Professional Services, LLC	
(Firm/ Company)	
1720 Windward Concourse, Ste. 390	
(Address)	
Alpharetta, GA 30005	
(City/ State and Zip Code)	
jbaden@triadpros.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sharon K. Gray (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number	
(Name of Contact Person) (Area Code & Daytime Telephone Number	1)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Multing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

850-617-6381

Esplanade by Siesta Key Master Ass	of sociation Inc		
(Name of Corporation as currently filed with the Flo		-	
N13000002183	,		
(Document Number of Corpora	ation (if known)	•	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Nat For Profit Corporation adopts the	following	
A. If amending name, enter the new name of the corporati	ion:		
name must be distinguishable and contain the word "corporat" (Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp."	_The new or "Inc."	
B. Enter new principal office address, if applicable:	551 North Cattlemen Road		
(Principal office address MUST BE A STREET ADDRESS)	Suite 200	•	
	Sarasota, FL 34232	•	
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	551 North Cattlemen Road		
	Suite 200	•	
•	Sarasota, FL 34232	•	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	e address in Florida, enter the name of the ddress:	•	
Name of New Registered Agent:			
New Registered Office Address:	(Florido street address)		
	Florida		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan	alliar with and accept the obligations of the position.		
·	A	2013	
Signature of New Regist	ered Ageni, if changing		T
P	ASSEE, FLORI	2013 JUN 12 AH 10: (

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2013-06-11 10:02 TRIAD

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:

7702201943 >>

(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 X Remove X Add	<u>V</u> Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	PD	Theodore C. Neuweiler, III	501 N. Cattlemen Rd.
Add			Ste. 100
XX Remove			Sarasota, FL 34232
2) Change	PD	Andrew ("Drew") E. Miller	551 North Cattlemen Road
XX Add			Suite 200
Remove			Sarasota, FL 34232
3) XX Change	VPSD	Michelle M. Campbell	551 North Cattlemen Road
Add			Suite 200
Remove			Sarasota, FL 34232
4) XX Change	VP	John Steven Kempton	i 551 North Cattlemen Road
Add			Suite 200
Remove			Sarasota, FL 34232
5) XX Change	VPTD	Valerie McChesney	551 North Cattlemen Road
Add			Suite 200
Remove			Sarasota, FL 34232
6) Change			
Add			
Remove		Page 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Paymacific)	
(attach additional sneets, if necessary).	(Be specific)	
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2013-06-11 10:02 TRIAD

The date of each amendment(s) adoption: U6/10/2013					
	Effective date if applicables				
	(no more than 90 days after amendment file date)				
Ado	ption 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.				
	Signature (By the distinction or vice distinction 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 count appointed ficturiary by that fiduciary)				
	Michelle M. Campbell				
	(Typed or printed name of person signing) Vice President.				
	(Title of person signing)				