

NO7000005380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

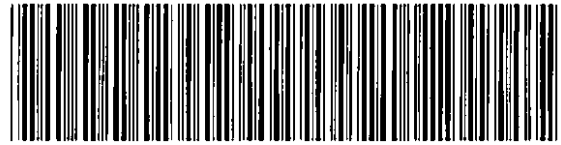
(Business Entity Name)

(Document Number)

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TOLSON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2023

SCOTT STOCKSTILL  
1417 HAMLIN AVE UNIT C  
SAINT CLOUD, FL 34771

SUBJECT: HAMLIN INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION  
INC.

Ref. Number: N07000005380

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 form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Shaunteria Cobbs  
Regulatory Specialist II

Letter Number: 623A00020833

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TALLAHASSEE, FL

SEP 21 2023

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Hamlin Industrial Center Condominium Association, Inc.

DOCUMENT NUMBER: N07000005380

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

Please return all correspondence concerning this matter to the following:

Scott Stockstill  
 \_\_\_\_\_  
 Name of Contact Person

\_\_\_\_\_  
 Firm/ Company

1417 Hamlin Ave Unit C  
 \_\_\_\_\_  
 Address

Saint Cloud, FL 34771  
 \_\_\_\_\_  
 City/ State and Zip Code

scott@fcsfmidfl.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FL

For further information concerning this matter, please call:

Scott Stockstill \_\_\_\_\_ at ( 407 ) 620-3536  
 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

Hamlin Industrial Center Condominium Association Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N07000005380  
(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 "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)

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: Scott Stockstill

1417 Hamlin Ave. Unit C.  
(Florida street address)

New Registered Office Address:  
Saint Cloud, Florida 34771  
(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

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The New  
Florida  
Department of  
State

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP, T</u>	<u>Julieta Santos</u>	<u>101 Park Place Blvd Ste 2</u>
<input type="checkbox"/> Add			<u>Kissimmee FL 34741</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP, T</u>	<u>Luis Fernando Ricon</u>	<u>1417 Hamlin Ave Unit A</u>
<input checked="" type="checkbox"/> Add			<u>Saint Cloud, FL 34771</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP, T</u>	<u>Julieta T. Santos</u>	<u>1417 Hamlin Ave Unit A</u>
<input checked="" type="checkbox"/> Add			<u>Saint Cloud, FL 34771</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S</u>	<u>Jessica Tydings</u>	<u>101 Park Place Blvd Ste 2</u>
<input type="checkbox"/> Add			<u>Kissimmee FL 34741</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>Rafael Gonzalez</u>	<u>1417 Hamlin Ave Unit F</u>
<input checked="" type="checkbox"/> Add			<u>Saint Cloud FL 34771</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

Dated 8/17/23

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Bruce Scott Stockstill  
(Typed or printed name of person signing)

Registered Agent - Owner  
(Title of person signing)

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