

284351

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SILVER SANDS ESTATES, INC

DOCUMENT NUMBER: FL CORP. No. 284351

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

Please return all correspondence concerning this matter to the following:

DAVID R. HAINES

Name of Contact Person

SILVER SANDS ESTATES, INC

Firm/ Company

429 EAST ADAMS STREET

Address

JACKSONVILLE, FL 32202

City/ State and Zip Code

croasdell.drh@gmail.com

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

For further information concerning this matter, please call:

DAVID R. HAINES

Name of Contact Person

at (904) 356 5649

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
NOV 14 AM 11:55
FILING SECTION

Articles of Amendment
to
Articles of Incorporation
of

SILVER SANDS ESTATES, INC

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

FL CORP. No. 284351

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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 DAVID R. HAINES

429 EAST ADAMS STREET

(Florida street address)


New Registered Office Address: JACKSONVILLE, FL, Florida 32202

(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

(Attach additional sheets, if necessary)

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.

Example:

X Remove V Mike Jones

Type of Action
(Check One)

Name

Address

2) <u>X</u> Change	<u>P,D,S,T</u>	<u>DAVID R. HAINES</u>	<u>429 EAST ADAMS STREET</u>
<u> </u> Add			<u>JACKSONVILLE</u>
<u> </u> Remove			<u>FLORIDA, 32202</u>

3) _____ Change	V, D	<u>ELIZABETH A. HAINES</u>	<u>1680 RIVER BLUFF RD. N.</u>
<u>X</u> Add			<u>JACKSONVILLE</u>
Remove			<u>FLORIDA, 32211</u>

4) Change _____

Add _____

Remove _____

5) _____ Change _____
 _____ Add _____
 _____ Remove _____

d) _____ Change _____
 _____ Add _____
 _____ Remove _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

SPECIAL MEETING OF BOARD OF DIRECTORS Held November 7, 2017

Present was DAVID R. HAINES V.P., DIRECTOR. (With 10 Votes), and DAVID R. HAINES acting as Personal Representative for ESTATE of L. DANIEL HAINES, JR. (deceased, former Director and Sole Shareholder) and Mrs. LISA A. DAVIS, Notary Public, State of Florida. DAVID R. HAINES, as P.R. for the ESTATE, Presented Certificate of Death, Letters of Administration, and Last Will and Testament of L. Daniel Haines, Jr. at meeting. Both meeting attendees viewed the Documents. DAVID R. HAINES, Director, voted to cancel Stock Certificates 1, 6, 8, and 9 (Total 10 Shares) owned by L. DANIEL HAINES, JR. and issue new Stock Certificate No. 10 to DAVID R. HAINES (10 Shares). DAVID R. HAINES, Director voted to appoint himself as President, Treasurer and Secretary of SILVER SANDS ESTATES, INC and voted to elect ELIZABETH A. HAINES as a non-shareholder Director with 10 votes, and elected her as the non-shareholder Vice President, Assistant Secretary and Assistant Treasurer of SILVER SANDS ESTATES, INC with full authority to conduct business for the Corporation. DAVID R. HAINES, Director, directed minutes of the Special Board Meeting be prepared with Attachments of the aforesaid Certificate of Death and Letters of Administration, and the minutes of the meeting be notarized by MRS. DAVIS as to be a true account of the meeting and that the Attachments are the same as presented at the meeting. There being no further business for the Board of Directors, DAVID R. HAINES declared the meeting to be adjourned

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

November 7, 2017

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

Effective date if applicable: November 7, 2017
(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 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)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated Nov 9, 2017

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)

DAVID R. HAINES

(Typed or printed name of person signing)

Director, former Vice President and new President of Silver Sands Estates, Inc

(Title of person signing)

IN THE CIRCUIT COURT FOR DUVAL COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF File No. 16-2017-CP-002240
LEROY DANIEL HAINES, JR.

Deceased. Division Probate

FILED OCT 10 5 17 AM 0954 RUSSELL

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Leroy Daniel Haines, Jr., a resident of 1183 Linkside Court West, Atlantic Beach, Florida 32233, died on September 11, 2017, owning assets in the State of Florida, and

WHEREAS, David R. Haines has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare David R. Haines duly qualified under the laws of the State of Florida to act as personal representative of the estate of Leroy Daniel Haines, Jr., deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on October 5, 2017.

Circuit Judge

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Court, this 5th day of October, 2017.
5th Day of October, 2017
FILED OCT 10 5 17 AM 0954 RUSSELL
DUVAL COUNTY, FLORIDA
Clerk of Court

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017140577

DATE ISSUED: September 20, 2017

DECEDENT INFORMATION

STATE FILE DATE: September 15, 2017

NAME: LEROY DANIEL HAINES JR

DATE OF DEATH: September 11, 2017

SEX: MALE

AGE: 092 YEARS

DATE OF BIRTH: January 5, 1925

SSN: 263-20-3659

BIRTHPLACE: JACKSONVILLE, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: COMMUNITY HOSPICE MCGRAW CENTER FOR CARING

LOCATION OF DEATH: JACKSONVILLE, DUVAL COUNTY, 32224

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 1183 LINKSIDE COURT WEST, ATLANTIC BEACH, FLORIDA 32233, UNITED STATES

COUNTY: DUVAL

OCCUPATION, INDUSTRY: CIVIL ENGINEER/LAND SURVEYOR, DEVELOPMENT AND INFRASTRUCTURE

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe: ☐ Japanese ☐ Korean ☐ Vietnamese☐ Guamanian or Chamorro ☐ Samoan☐ Other Pacific Isl:☐ Other Asian: ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: LEROY DANIEL HAINES

MOTHER/PARENT: ETTA LOUISE ARGO

INFORMANT: DAVID R HAINES

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 1680 RIVER BLUFF ROAD, JACKSONVILLE, FLORIDA 32211, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: JACKSONVILLE NATIONAL CEMETERY
JACKSONVILLE, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: JENNIFER CREWS, F045208

FUNERAL FACILITY: HARDAGE-GIDDENS - BEACHES CHAPEL F040272
1701 BEACH BLVD, JACKSONVILLE BEACH, FLORIDA 32250

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1830

DATE CERTIFIED: September 15, 2017

CERTIFIER'S NAME: MARC BENJAMIN BLATT

CERTIFIER'S LICENSE NUMBER: OS7862

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2018533218

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.