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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BAILEY'S BLUFF CNIC Association, Inc
DOCUMENT NUMBER: 706641
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PRINCESS OBRIOT (Name of Contact Person)
Bailey's Bluff Civic Association, Inc (Firm/Company) (D. C. P. 20103
(Firm/Company) P.O. Box 103  3008 BLUFF BHD TARPON SPRINGS, F. 34688  (Address)
HOLIDAY, FL 34691 (City/State and Zip Code)
Pso 777 @ larthlink. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PRINCESS OBRIGT at (727) 967-4754  (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  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations  P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment**

## to Articles of Incorporation of

Bailey's Bluff Civic	Association, IDC
(Name of Corporation as currently filed with t	the Florida Dept. of State)
706641	4 0
(Document Number of Corporati	on (if known)
(	福夏丁
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:	SET P
A. If amending name, enter the new name of the corporation	
	TOP IN C
TTI	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
Conputty of Co. may not	oc used in the name.
B. Enter new principal office address, if applicable:	3008 Bluff Block
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Hida F 34191
	Tididay, 12 Jibil
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining address MAI BE A FOST 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 add	
Name of New Registered Agent: PRINCES	KK DADIOT
Name of New Registered Agent.	S CO.O. I
<u>3008 (</u>	Sluff Blvd
New Registered Office Address: (Florid	da street address)
Holida	, Florida 34691
1100000	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Registere	eent:
I hereby accept the appointment as registered agent. I am f position.	familiar with and accept the obligations of the
( \ , ,)	
1 the co	
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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PD '	PRINCESS OBRIOT	3008 Buff Blod Holiday, Fi 34691	☑ Add ☐ Remove
NDD	Joe Dunn	1932 COVE G Holiday, FL 34691	Add Remove
<u>5D</u>	Charie Shirley	1912 Gulfrica De Horiday, Fr 34691	Add Remove
E. If amendir (attach add	ng or adding additional Articles, enter clitional sheets, if necessary). (Be specific	hange(s) here:	•
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#### 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)

Title	Name	Address	Type of Action
PD_	TERESA DOTTS	3200 Bluff Blod Holiday, Fr 34691	☐ Add ☐ Remove
<u>5D</u>	Kin Davo	3225 Bluff Blud Holiday 1 Ft 34691	☐ Add ☐ Remove
D	BILL Loiacano	2031 Gufview Dr. Heliday, Fi 34691	☐ Add ☐ Remove
E. If amen (attach a	nding or adding additional Articles, ente additional sheets, if necessary). (Be spec	r change(s) here:	
<u> </u>			
			<u></u> .

## 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)

Title	Name	Address	Type of Action
NDD	Buth VINSON	2010 Gulfview De Horiday, FL 34691	Add Remove
			☐ Add ☐ Remove
Al-an-Annabetic form-dry-specific			☐ Add ☐ Remove
E. If amendin (attach addi	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	hange(s) here:	
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The date of each amendment(s) adoption: APRIL 14, 2009
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption 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 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)  RINCESS OPRIOT
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)