721372

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SCACOGS! Management NO. Z., IN
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sheib McCollum
(Name of Contact Person) NSB Association Mat, CC (Firm/ Company)
4153 S Atlantic Ave
New Smyrna, FL 32168 (City/ State and Zip Code)
SCGZBOD@gmail.com E-mail address: (to be used to ire annea report notification)
For further information concerning this matter, please call:
Sheila McCollum at 386-344-8159 (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
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

\circ
Segroust Management NO2012, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
72.1372
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the followin 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 "Inc."
"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:
Chaile McCallina
Name of New Registered Agent: STACIA (1) CONTROL (2)
4101 3 Atlantic Ave
(Florida street address) <u>New Registered Office Address</u> :
New Smyrna Florida 32160
(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.
1,0/40
- Marie Line Company
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)

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 Doc 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: X Change X Remove X Add	PT John I V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PRES	Lori Robinson	4151 S. Atlantic Ave New Smyrna FL 32169
2) Add Remove	UPRE	Jim Foran	4151 S AHantic Ave New Smyrna FC 32169
3) Change Add Remove	DIR	Tom Gross	4151 S Atlantic Auc New Smyrna FL 32169
4) Change Add Remove	TREA	Diane Hurteau	4151 S. Atlantic Ave New Smyrna FL 32169
5) Change Add Remove	OIR	Janice Costanza	4151 S Atlantic Auc New Smyrna FC 32169
6) Change Add Remove	DIR	Jay Mright Page 2 of 4	41515 Atlantic Ave New Smyrna IFL 32149

	f other than the
date this document was signed.	
Effective date <u>if applicable</u> : 8-29-19	
(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 lidocument's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
Dated 1/13/5017	
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)	
(Typed or printed name of person signing)	
(Title of person signing)	