# 724933

(Requestor's Name)			
(Ac	dress)		
(Ac	dress)	· • •	
(Ci	ty/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Na	me)	
(Do	ocument Number	)	
Certified Copies	/ Certificate	es of Status	
Special Instructions to	Filing Officer:		
:			

Office Use Only



500301491115/

07/18/17--01024--003 \*\*43.75

S TALLENT AUG 3 1 2017

Know

TECRETARY OF STATE



August 7, 2017

HANS ROZESFRATEN OCEAN 21-22 ASSOCIATION, INC. 2100 OCEAN DRIVE SOUTH (OFFICE) JACKSONVILLE BEACH, FL 32250

SUBJECT: OCEAN 21-22 ASSOC INC

Ref. Number: 724933

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 217A00016028





### FLORIDA DEPARTMENT OF STATE Division of Corporations

ANSWERED AUG 0 2 2017

July 24, 2017

HANS ROZESFRATEN OCEAN 21-22 ASSOC INC 2100 OCEAN DRIVE SOUTH (OFFICE) JACKSONVILLE BEACH, FL 32250

SUBJECT: OCEAN 21-22 ASSOC INC

Ref. Number: 724933

We have received your document for OCEAN 21-22 ASSOC INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE COMPLETE PAGE 4 OF 4 OF THE DOCUMENT.

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.

Susan Tailent Regulatory Specialist II

Letter Number: 917A00014925

NECCETA EN 12:12

17 AUG -4 FN 12:12

DISSING SANCERS

DI

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OCEAN 21-22 ASSOCIATION, INC	
DOCUMENT NUMBER: 724933	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
HANS ROZESTRATEN	
(Name of Contact Person)	
OCEAN 21-22 ASSOCIATION, INC. (Firm/Company)	
2100 OCEAN DRIVE SOUTH (OFFICE)	
TACKSONVILLE BEACH, FL. 32250	
Oceans 2 (22 bell south. net E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
HANS ROZESTRATEN at QOU-249-3500 (Area Code) (Daytime Telephone Number)	2
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  Certificate of Status  (Additional copy is enclosed)  □ \$52.50 Filing Fee  Certificate of Status  (Additional copy is enclosed)  (Additional Copy is Enclosed)	
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

ANSWERED AUG 70 -2 2017

Articles of Incorporation of

OCEAN 21-22 ASSOC	2 WC	
	tly filed with the Florida Dept. of State)	
724933		
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporation	on:	
N/H	The new	
name must be distinguishable and contain the word "corporati	ion" or "incorporated" or the abbreviation "Corp." or "Inc."	
"Company" or "Co." may not be used in the name.	11.	
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	, 2	<u> </u>
C. Enter new mailing address, if applicable:	11/A 550 00	_
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	100 TE	
	చేస్తు	٠
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office ad		
Number of Many Province and America	NA	
Name of New Registered Agent:		
	/	
New Projectored Office Address	(Florida street address)	
New Registered Office Address:	4/ 4	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A	A gent:	
I hereby accept the appointment as registered agent. I am fam		
	$\mathcal{N}/\mathcal{R}$	
Sir	gnature of New Registered Agent, if changing	
	y y grann or my ramionio	

## ANSWERED AUG 0 2 2017

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: X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove	D	CARL WASSERMAN	2100 OCEAN DR. S TACKSONVILLE BEACH FL., 32250
2) Change Add Remove	_D_	MARK HICKINBOTHAM	SAME
3) Change Add Remove	_D_	KATHY LOCHER	SAME
4) Change  Add  Remove		DAN DIETERLE	SAME
5) Change Add Remove	D	CHESTER BEAR III	SAME
6) Change Add Remove			
Kemove		D 4 64	

If amending or adding additional Articles, enter change(s) (attach additional sheets, if necessary). (Be specific)	<del></del> -	
*	, <del>(</del>	
	·	
	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	
<del></del>	· · · · · · · · · · · · · · · · · · ·	

		MARCH 16, 2017	
The	date of each amends	nent(s) adoption;	if other than the
late	this document was sig	med.	
		MARCH 16, 2017	
Effe	ctive date <u>if applicab</u>		
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	nt be listed as the
Ado	ption of Amendment	(c) (CHECK ONE)	
	The amendment(s) w was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
□	There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Dated	731/17	
	Signature	Andrew	
		y the chairman or vice chairman of the board, president or other officer-if directors	<del></del>
		ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
		ther court appointed fiduciary by that fiduciary)	
		· · · · · · · · · · · · · · · · · · ·	
		KIM THORPE	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	