724933

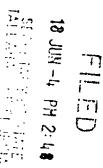
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Ocean 21-22 ASSOC. 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: Name of Contact Person

Scean 21-22 Assoc Inc

Firm/ Company

2100 Ocean Dr S.

Address Jacksonville Beach FL 32250 City/ State and Zip Code Oceans 2122 © bell south . net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathy Locher
Name of Contact Person at (904) 626-8955 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **△**\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation

18 JUN -4 PM 2: 48

Ocean 21-22 Assoc In	SELMETAN MET S TATEAUX NEED	IAIE IRUIA——
	filed with the Florida Dept. of State)	
72 4 933 (Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the corporation:		
	The	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain	ation n the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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: Name of New Registered Agent 2100 Delective (Florida stree	her	
New Registered Office Address: Jackson will		0
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position. gistered Agent, if changing	
Signature of New Reg	gistered 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 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
_X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
Change Add Remove	P Dan Dieterle	Jacksonville Beach FL 32250
2) Change Add Remove	T Kathy Locher	2100 Ocean Dr.S Jacksonville Beach FL 32250
3) Change Add Remove	5 Ilona Meeks	2100 Ocean Dr S. Jacksonville Beach FL 32250
4) Change Add Remove	P Kim Thorpe	Jacksonville Beach FL 32250
5) Change Add Remove		
6) Change Add Remove		

ttach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shar	es,
ravisions for implementing the amo	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption: 4/19/18	, if other than the
date this document was signed.	_
Effective date <u>if applicable</u> : 4/19/18	
(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 locument's effective date on the Department of State's records.	not be listed as the
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)	
(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 31MA Y 2018	
Signature Lows Meeks 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)	
ILONA M. MCCKS	
(Typed or printed name of person signing)	-
SCRETARY (Title of person signing)	
(Title of person signing)	