

725569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

(Document Number)

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Amend

FILED
STATE
SECRETARY OF CORPORATIONS
09 OCT -9 AM 10:57

7 Roberts OCT 12 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PASCO BUILDING ASSOCIATION, INC.

DOCUMENT NUMBER: 725569

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

Please return all correspondence concerning this matter to the following:

SUNNY MOODY
(Name of Contact Person)

SHELLY MAY JOHNSON, P.A.
(Firm/ Company)

8726 OLD C.R. 54, SUITE D
(Address)

NEW PORT RICHEY, FLORIDA 34653
(City/ State and Zip Code)

sunny@smjlaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUNNY MOODY at (727) 376-7300
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -9 AM 10:58

PASCO BUILDING ASSOCIATION, INC.

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

725569

(Document Number of Corporation (if known))

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:

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)

9851 STATE ROAD 54

NEW PORT RICHEY, FL 34655

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

P. O. BOX 909

NEW PORT RICHEY, FL 34656

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:

SHELLY JOHNSON

New Registered Office Address:

8726 OLD C.R. 54, SUITE D

(Florida street address)

NEW PORT RICHEY

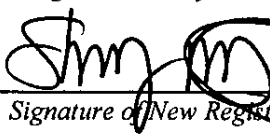
(City)

Florida 34653

(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)

CONTINUED ON ATTACHED SHEET

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

[illegible]


The date of each amendment(s) adoption: OCTOBER 1, 2009
(date of adoption is required)

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.

Dated OCTOBER 1, 2009

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)

WILLIAM PAUL
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

CONTINUED FROM PAGE 2...

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PSD	PAUL, WILLIAM	P. O. BOX 24290 TAMPA, FL 33623	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VPD	ROBLES, KEVIN	29801 BUSCH BLVD, STE 100 TAMPA, FL 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
TD	YANNON, JOSEPH	5415 FRONT DRIVE HOLIDAY, FL 34680	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove