## 728688

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Canaveral Towers Mar NAME OF CORPORATION:	nagement, Inc		
728688 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Penelope Holladay			
C	Name of Contact Pe	rson)	
Coastal Living Community Management, LLC			
	(Firm/ Company	)	
780 Mullet Rd Unit 132			
	(Address)		
Cape Canaveral, FL 32920			
(0	City/ State and Zip (	Code)	
contact@coastallivingcam.com			
E-mail address: (to be used f	or future annual rep	ort notification	)
For further information concerning this matter, please c	all:		
Penelope Holladay	at	321	693-5225
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

**Mailing Address** 

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Canaveral Towers Management, Inc		2023 113 4 4	
(Name of Corporation as currently filed with the	e Florida Dept. of State)	2023 <del>  y - 8</del>	17772: 32
728688		· ·::	
(Docum	nent Number of Corporation (if known)	<del>- Priz</del>	<del></del> :
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Profit Co</i>	rporation adopts the	following
A. If amending name, enter the new name of the	e corporation:		
			The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam		breviation "Corp." o	r "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ble:  DDRESS		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
D. If amending the registered agent and/or reginew registered agent and/or the new register		name of the	
	Coastal Living Community Management, I	LC	
Name of New Registered Agent:	780 Mullet Rd Unit 132		
	(Florida street a	ddress)	<del></del>
New Registered Office Address:			
	Cape Canaveral	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accept the obligat	ions of the position.	
_	Kenlige Fel	ladue	
	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 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>D</u>	Ed Bugner	
* Remove			
2) Change Add	<u>D</u>	Kevin Mann	
Remove 3) Remove Change Add Remove	<u>D</u>	Sonia Fatheree	3822 Gatlin Ridge Dr Orlando, FL 32812
4) Change Add	<u>D</u>	Bruce Bachand	370 RIVERSIDE AVE MERRITT ISLAND FL 32953
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
			A
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable: 05/01	/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendmen	it(s)

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	05/01/2023			
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)			
	John David Bartoe			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			