736117

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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: <u>ANCHOR</u> CC	DADOMINIUM ASSOCIATION, IN
DOCUMENT NUMBER: 134117	
The enclosed Articles of Amendment and fee are submitted t	or filing.
Please return all correspondence concerning this matter to the	The state of the s
CANDACE STEWART	e of Contact Person) Firm/ Company)
(Name	of Contact Person)
(F	irm/ Company)
P.O. BOX 1401	
•	(Address)
TAVERNIER FL 33070	
(City/	State and Zip Code)
GREAT 6 M DAN E-mail address: (to be used for ful	JIEL @ GMAIL, COM fure annual report notification)
For further information concerning this matter, please call:	
CANDACE STEWART (Name of Contact Person)	_at (305) 304-8848 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
(Ad	7.75 Filing Fee & Certificate of Status ditional copy is Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
· ·	

Tallahassee, FL 32301

Articles of Amendment to

	Articles of Ir	u nearparation		
		of		法 方 一
ANCHOR CONDOMI	DIUM A	ISSOCIAT	IND TO	10 5 5
(Name of Corporation as currently filed	with the Florida	Dept. of State)	1010 IN	
726117		,		
	Number of Corpora	ation (if known)		
	·			
Pursuant to the provisions of section 617.1006, Fundament(s) to its Articles of Incorporation:	lorida Statutes, this	s <i>Florida Not For Pr</i>	ofit Corporation a	dopts the following
A. If amending name, enter the new name of t	the corporation:			
				an an
name must be distinguishable and contain the wo	ord "corporation"	or "incorporated" o	r the abbreviation	The new "Corp." or "Inc."
'Company" or "Co." may not be used in the na		, ,		00.p. 0, 11.0.
3. Enter new principal office address, if appli	cable:			
Principal office address <u>MUST BE A STREET</u>				
	-		:	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC	E BOX)			
				<u> </u>
If amonding the resistance areas and/or re-	-i-4d -661d	d :- Ti:14		
 If amending the registered agent and/or re new registered agent and/or the new regist 	ered office addre	<u>aress in Fiorida, ent</u> ss:	er the name of the	2
Name of New Projection of Association				
Name of New Registered Agent:				
*·				
New Registered Office Address:	(Florid	da street address)		
	(City)		, Florida	(7:- C - 1-)
			((Zip Code)
New Registered Agent's Signature, if changing	Registered Agen	<u>it:</u>		
hereby accept the appointment as registered ag	ent. I am familiar	with and accept the	obligations of the	position.

Page 1 of 4

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 E V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DIRECTOR	DAVID CARLSON	6405 NW 365t #112 MIAMI, FL 33166
2) Change Add Remove	DIR <u>ECTO</u> R	JAMES NORTON	
3) Change Add Remove	DIRECTOR	WILFREDO REYES	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(anden duminonal anecta, if necessary).	(De apocigie)			

The date of each amendment(s) adoption: HPML 18, 2015 late this document was signed.	, if other than the
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 AUGUST 3, 2015	
Signature Cardace Stewart	
(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)	
CANDACE STEWART	
(Typed or printed pame of person signing)	
SECRETARY TREASURER	
(Title of person signing)	