736523

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Доси	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

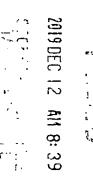
Office Use Only



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November 19, 2019

DONNA MARIEN THE FRENCH QUARTER HOMEOWNERS ASSOCIATIO 12000 BASIN ST. NORTH WELLINGTON, FL 33414

SUBJECT: THE FRENCH QUARTER HOMEOWNERS ASSOCIATION, INC.

Ref. Number: 736523

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

PAGE 1 OF 4 WAS OMITTED WITH YOUR SUBMISSION. PLEASE COMPLETE APPLICABLE AREAS SUCH AS THE ENTITY NAME AND DOCUMENT NUMBER.

PLEASE NOTE THAT CLERK IS NOT AN ACCEPTABLE TITLE.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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: 419A00023685

2019 DEC 12 7711:05

www.sunbiz.org



November 1, 2019

DONNA MARIEN THE FRENCH QUARTER HOMEOWNERS ASSOCIATIO 12002 BASIN ST EAST WELLINGTON, FL 33414

SUBJECT: THE FRENCH QUARTER HOMEOWNERS ASSOCIATION, INC.

Ref. Number: 736523

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

THE COMPLETE FORM MUST BE COMPLETED WHERE APPLICABLE AND RESUBMITTED WITH ALL PAGES ATTACHED.

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.

Letter Number: 019A00022557

Susan Tallent Regulatory Specialist II

www.sunbiz.org

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TRANSMITTAL LETTER

Torus Constan Han Too		
SUBJECT: FRENCH Quarter H.O.A. Inc. (Name of Corporation)		
DOCUMENT NUMBER: 736523		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Donna Marien Secretary (Name of Person)		
FRENCH Quarter H.O.A. (Name of Firm/Company)		
12000 BASIN St. North	21	
Welling fon Fl. 33414 (City/State and Zip Code)	2019 NOV 15	-
For further information concerning this matter, please call:		
Ryan Wolfson President at (561) 633-7224 (Name of Person) (Area Code & Daytime Telephone Number)	0.5:21,d	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section Division of Corporations

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

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corneration as sure	mely Glad with the Classide Dank of Coasts)
A A	ently filed with the Florida Dept. of State)
THE FRENCH QUARTER	Home Owners Associati 736523
(Document Num	ber of Corporation (if known)
Description of the state of the	
amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
anichanicin(s) to its Aracies of theorporation.	
A. If amending name, enter the new name of the corpora	tion:
	
	The new
name must be distinguishable and contain the word "corport "Company" or "Co." may not be used in the name.	ation" 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)
	12.
C. Enter new mailing address, if applicable:	. C
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>
	· <u>></u>
	. 89
	ω
	п. Ф
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	iddress:
Name of New Registered Agent:	KON HAMMOND
	00 2 01
120	89 BASIN DT. WEST
New Registered Office Address:	(Florida street address)
	., . ,
<u></u>	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	A
hereby accept the appointment as registered agent. I am fai	Agent: Iniliar with and accept the obligations of the position
\mathcal{Q}_{\sim} . \mathcal{Q}_{\sim}	ahed Olanmand
to the second se	Clark Xammond
/ Sa	ignature 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>				
Type of Action (Check One)	Title		Name	,		Address	
1) Change			Koy	HAM	mond-	12089 BASIN St. West Wellington Fl. 33414	<u>_</u>
X Add		•			•	Wellington t1.	
Remove						<u>33414</u> 561-792-6974	
2) Change		_				royboy 722@comeast Ne	7
Add							
Remove							
3) Change		_					
Add							
Remove							
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)

Need To Add MR. Hammond to our
board- Now we will have 5 members.
We need an odd number of
members for voting versons.
Please add MR. Roy Hammond
Please add MR. Roy Hammond To our Board -
Thank you
Donna Marien

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 10-1-2019 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	e amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	t(s) was/were
Dated	
Signature Douno Maren	
(By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary)	
Donna Marien. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Secretary (Title of person signing)	
(Title of person signing)	