

736523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

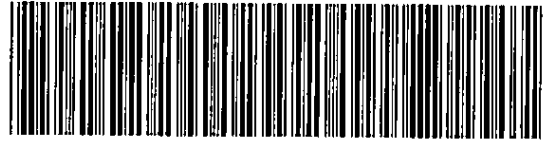
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 17:11:05

REC'D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00022557

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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
(Address)

Wellington Fl. 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Wolfson President at (561) 603-7224
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
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

2019 NOV 15 PM 12:50

FILED

Articles of Amendment
to
Articles of Incorporation
of

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

The FRENCH QUARTER Home Owners Association, Inc. 736523
(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)

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Roy HAMMOND
12089 BASIN ST. West
(Florida street address)

New Registered Office Address:

Wellington, Florida 33414
(City) (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.

Roy Richard Hammond
Signature of New Registered Agent, if changing

Page 2 of 4

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 reasons.

Please add MR. Roy Hammond
To our Board. -

Thank you

Donna Maricn

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 10-1-2019
(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 not be listed as the document's effective date on the Department of State's records.

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 11-11-19

Signature Donna Marien

(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)

Donna Marien
(Typed or printed name of person signing)

Secretary
(Title of person signing)