738339

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COVER LETTER

TO: Amendment Section Division of Corporations		,	*	,	ا در	•	*** .
·				2	GUA ETE	19	M 2: 5
The NAME OF CORPORATION:	loorings, Incor	porated			STALL IN		
					SCULLIT COLARIA	\$3 <u>:</u> E	T. J. in
DOCUMENT NUMBER:							
The enclosed Articles of Amendment a	and fee are subn	nitted for filing.					
Please return all correspondence conce	rning this matte	r to the following:					
Mary Morton					·		
		(Name of Contact Pe	erson)	··· <u>-</u>	 -		
Moorings Park					•		
		(Firm/ Company	·)				
134 Moorings Park Drive							
		(Address)					
Naples, FL 34105							
		(City/ State and Zip	Code)		1		
mmorton@mooringspark.org							
E-mail addr	ess: (to be used	for future annual rep	ort notifical	tion)	İ		
For further information concerning this	matter, please	call:					
Mary Morton		at	239	919-17	01		
(Name of O	Contact Person)			e) (Daytin	ne Telepho	ne Nu	mber)
Enclosed is a check for the following a	mount made pay	yable to the Florida (Department -	of State:			
	5 Filing Fee & I cate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Cel s Cel (Ad	2.50 Filing F rtificate of S rtified Copy dditional Co iclosed)	tatus		
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		An Di ⁱ Cli 260	reet Address nendment Sovision of Co fton Buildin 61 Executive	ection rporations ng e Center Cir	cle		

Articles of Amendment to

Articles of Incorporation

		of	2777 41	il ia	PX 2: :
The Moorings, Incorporated					
(Name of Corporation as	s current	ly filed with the Florida Dept. of	State)	10.35	
738339			141 % 54	74 L 51.	t "lijs!
(Documer	nt Numbe	er of Corporation (if known)			_
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statute	s, this <i>Florida Not For Profit Cor</i>	poration ac	jopts th	e followinș
A. If amending name, enter the new name of the co	orporati	on:			
N/A				l i	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporat	ion" or "incorporated" or the abb	reviation '	Corp. "	
B. Enter new principal office address, if applicable	e:	N/A			
(Principal office address <u>MUST BE A STREET AD</u> L					
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u>)	N/A			
				_	
 If amending the registered agent and/or registered new registered agent and/or the new registered 			ıme of the		
, , , , , , , , , , , , , , , , , , ,	i/A	Janess.	1		
Name of New Registered Agent:		<u> </u>	i		
		<u> </u>			
New Registered Office Address:		(Florida street ado	fress)		
	J/A				
-		(City)	, Florida /Zip C	ode)	
		•		, ,	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.				.aairiam	
r nevery decept the appointment as registered agent.	i am jan	mar wan and accept the obligate.	ms of their	чэнгон.	

Signature of New Registered Agent, if changing

address of each Offic (Attach additional she Please note the officer P = President; V= Via	eer and/or Di ets, if necessor/director title ce President; O = Chief Fir	rector being added: ury) by the first letter of the office title; T= Treasurer; S= Secretary; D= Director vancial Officer. If an officer/director hold	r; TR= Trustee; C = Chairman or Clerk; CEO = Chief ds more than one title, list the first letter of each office
	leaves the col	poration, Sally Smith is named the V and	ted as the PST and Mike Jones is listed as the V. There is IS. These should be noted as John Doe, PT as a Change.
Example: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	D	Clark Hill	15515 Cedarwood Lane
Add			102
X Remove			Naples, FL 34102
2) Change	D	Dr. Robert R. Jones	175 Barefoot Circle
Add			Bonita Springs, FL 34134
X Remove			
3) Change	D	Ellen Wilson	23599 Copperleaf Blvd.
X Add			Estero, FL 34135
Remove			·
4) Change	D	Laura Holquist	15696 Light Blue Circle
X Add			Ft. Myers, FL 33908
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>

__ Add

__ Remove

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	1
N/A	
	1
	1
	<u> </u>
	
	
	- i

	te this document was signed.	, if other than the
Eff	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we cument's effective date on the Department of State's records.	ill not be listed as the
Ado	loption of Amendment(s) (<u>CHECK ONE</u>)	
	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 15, 2019	
	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)	
	Michael Wynn	
	(Typed or printed name of person signing)	
	Chairman	
	(Title of person signing)	