742862

(Converted a Norma)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100332705201

08/12/13--01017--008 **35.00

S TALLENT AUG 2 0 2019

2019 AUG 12 PM 6: 25

Mul

COVER LETTER

TO: Amendment Section Division of Corporations

SEASCANAME OF CORPORATION:	APE OF LITTLE HICKOR	Y ISLAND, INC		
742862				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and	fee are submitted for filing			
Please return all correspondence concerni	ng this matter to the followi	ng:		
JANET KANES				
	(Name of Cont	act Person)		
SEASCAPE OF LITTLE HICKORY ISL	AND, INC			
	(Firm/ Co	mpany)		
25810 HICKORY BLVD				
	(Addre	ess)		
BONITA SPRINGS, FL 34134				
	(City/ State and	d Zip Code)		
seascapejanet@msn.com				V
E-mail address	: (to be used for future annu	ial report notification	n)	
For further information concerning this m	atter, please call:			
JANET KANES		239 at	992-3113	
(Name of Co	ntact Person)	(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amo	unt made payable to the Flo	orida Department of	State:	
	iling Fee & \$\sumsymbol{\sumsymbol{2}}\$43.75 Filing e of Status	py Certifi copy is Certif	0 Filing Fee ficate of Status fied Copy tional Copy fisosed)	
Mailing Address		Street Address		

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SEASCAPE OF LITTLE HICKORY ISLAND, INC		
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)
742862		
(Document Nun	nber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "corport" "Company" or "Co." may not be used in the name.	ration" or "incorporate	The new ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		20 1
(Principal office address MUST BE A STREET ADDRES.	\underline{S})	9 A
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
C. Enter new mailing address, if applicable:		20 PR
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		三 25
	 	
D. If amending the registered agent and/or registered of		, enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
New Registered Office Address:	(F	Florida street address)
- 	 .	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		ot the obligations of the position.
	Signature of New Regis	stered 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 S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	DAVID DEGRAFF	
X Remove 2) X Change	V TO P	LINDA SCHNEIDER	25800 H.C.KORU BIUD
Add Remove			25800 Hickory Blub #208 Bon. TA Speings Fl 34134
3) X Change	S TO D	PAUL BONENBERGER	25800 HICKURY 6100
Remove			Bonita Springs, Fl. 34134
4) X Change Add	D TO S	RON GEORGE	25800 H.CK.Rg Blue #506
Remove			Ben. TA Speings, El. 3413
5) Change Add			
Remove 6) Change			
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
		 				
 				<u>.</u>	<u>. </u>	
			<u></u>			<u> </u>
						<u>.</u>
· <u> </u>						
	<u> </u>					
			 			
						
<u> </u>						
···						
 						
						
						<u></u>
				·		
				·		

	5-14-2019	, if other than the
The date of each amenda		
date this document was sig		
Effective date if applicab	5-14-2019	
Elective data in apparatu	(no more than 90 days after amendment file date)	
Note: If the date inserted indocument's effective date of	n this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was was/were sufficient fo	s/were adopted by the members and the number of votes cast for the amendment(s) rapproval.	
There are no members adopted by the board	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
7-: Dated	22-2019	
Signature _	Linda Schneiler President Seaseaper Bot of Deve	toes
hav	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	LINDA SCHNEIDER	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	