144843

(Requ	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Corrected by Hugh	ing Officer. ! dolument Show Call 1/29

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Amend

DIVISION OF CORPORATIONS

09 MAY 18 PM 3: 53

- ----- MAY 2 1 2009

COVER LETTER

· TO: Amendment Section **Division of Corporations DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/Company) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$52.50 Filing Fee \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations Clifton Building** P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Melody Es (Name of Corporation as currently filed	tates (DN	dominium	n
(Name of Corporation as currently filed	with the Florida Dept. of Sta	ate) ASSOCIA	tion, -
(Document Number of Co	rporation (if known)		
Pursuant to the provisions of section 617.1006, Florida St the following amendment(s) to its Articles of Incorporation		Profit Corporation ad	lopts
A. If amending name, enter the new name of the corp	oration:		
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m		orporated" or the	2
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	09	A SECONDARY
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			EST STATIONS From Programmes From Programmes F
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
***************************************	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.		pt the obligations o	f the
Signature (of New Registered Agent, if ch	anging	

Page 1 of 3

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)

Address	Type of Action
114 Sea Park	⊠ Add
Satellite Beach	Remove
Fl 32937	

M	Add
_	Damo

E.	If amending or adding additional Arti	icles, enter change(s) here:
	(attach additional sheets, if necessary).	(Be specific)

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The date of each amendment(s	i) adoption: 5-14-57
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
☐ There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated/ A	4 May 69
Signature /	Pamela a. Mc Hear
(By t	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Pame a A Mc Neer (Typed or printed name of person signing)
	Vice President (Title of person signing)

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