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SECRETARY OF STATE
ALL AHASSEF ELORIDA

OCT 3 1 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

South C	Sulf Cove Homeowners	Association, Inc.		
762005				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and	I fee are submitted for fil	ing.		
Please return all correspondence concern	ing this matter to the follo	owing:		
Peter J. Watson				
	(Name of C	ontact Person)		
	(Firm/	Company)		
15602 Aron Circle				
	(Ad	dress)		
Port Charlotte, FL 33981				
	(City/ State	and Zip Code)		
SECRETARY @	SOUTH GULF (OVE FL. O	RG	
	s: (to be used for future a			_
For further information concerning this m	atter, please call:			
Stephen Benz		941 at	697-9584	
(Name of Co	ntact Person)		(Daytime Telephone Number)	
Enclosed is a check for the following amo	ount made payable to the	Florida Department of	State:	
☐ \$35 Filing Fee ☐ \$43.75 F	iling Fee & ⊠\$ 43.75 Fi	ling Fee & \$ \$52.:	50 Filing Fee	
Certifica	te of Status Certified	• •	ficate of Status	
	(Addition		fied Copy	
	enclosed	•	itional Copy is osed)	
Mailing Address		Street Address		
Amendment Section		Amendment Sec		
Division of Corporation	ns	Division of Corp	orations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Fl	orida Dept. of State)	_
762005			
(Document Num	nber of Corporation (if	fknown)	
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not I</i>	For Profit Corporation adopts the follow	wing
A. If amending name, enter the new name of the corpora	ation:		
		. The	new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	cation" or "incorporal		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u></u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALLA ALLA	° 3_
		ASSEC	- - - -
D. If amending the registered agent and/or registered of	Rea address in Florid	a untar the name of the	포. G
new registered agent and/or the new registered office	address:	Ent.	_
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	_
The state of the s			
	(C:)	, Florida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	d Agent: familiar with and accep	pt the obligations of the position.	
	Signature of New Pers	istered 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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

F. If amending or adding additional Art (attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)		
Add the following to Article II (6):			
The South Gulf Cove Homeowners As	sociation, Incorporated will exercise such powers as set forth in the		
Section 501 (c) (4) of the Internal Revenue Code in furtherance of the exempt purpose of this organization.			
-			
— · · · · · · · · · · · · · · · · · · ·			

	October 17, 2018	te a la la
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s).	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were prs.	
Dated 30 I	CT 2018	
Signature	ital Water	
	man or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Peter J.	Watson	
	(Typed or printed name of person signing)	
Presider	nt	
	(Title of person signing)	

. . . .