762398



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COVER LETTER

TO: Amendment Section Division of Corporations Cocoanut Bayou Association, Inc NAME OF CORPORATION: 762398 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: President CBA (Name of Contact Person) Cocoanut Bayou Association Inc
(Firm/Company) 15 Paradise Plaza PMB 1

(Address)

Sarasota FL 34239

(City/ State and Zip Code) manager @ Cocoanutbayou.com
E-mail address: (who used for future annual report notification) For further information concerning this matter, please call: Lee Hartley at 650 · 492 - 1564

(Name of Contage Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

(Additional Copy is

Articles of Amendment to Articles of Incorporation of

(Name o	(Corporation & current)	filed with the Florida Dep	i. of State)	
762398				
	(Document Number of	(Corporation (if known)		
Pursuant to the provisions of section 607, as Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and contain lnc.," or Co.," or the designation "C "chartered," "professional association,"	orp, "Inc," or "Co".	t professional corporation i	" or the abbreviation name must contain	n "Carp." 1 the word
		15 Paradise Plaza		Let
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		PMB 120	,	
		Sarasota, FL 34239		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15 Paradise Plaza		
		PMB 120		-: ਹ
		Sarasota, FL 34239		
D. If amending the registered agent at new registered agent and/or the new	nd/or registered office add w registered office address Lee Hartley - CBA Presid	<u>ड</u>	me of the	~ , T'-
Name of New Registered Agent	15 Paradise Plaza, PMB 1	20		
	(Florida sii	reet address)		•
New Registered Office Address:	Sarasota		_, Florida34239	
		(City)	17sp ('oder
New Registered Agent's Signature, if o	hanging Registered Agent	Ľ.		
Thereby accept the appointment as regist	tered agent - 1 am jumittar	жан ана иссері те попушно ∡1 — 1	ns of the pasition	
	- Recar	Mul	2	
	Signature of New F	legistered Agent, if changil s		

Check if applicable \square The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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, It an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTO

Changes should be noted in the following manner. Currently John Doe is listed as the PSI and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is nomed 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		<u>Doc</u> Jones Smith	
Type of Action (Check One)	Title	Name	Addises
1) Change _X_ Add	<u>D</u>	Gray Swor	15 Paradise Clara PMB 120
Remove 2) Change Add	Managing Agents	Jason Hamilton	Pinnacle Community Assh Management PO BOX 21058
X Remove 3) Change Add Remove			Sarasita FL 34216
4) Change Add			
Remove			<u> </u>
5; Change Add			
Remove			
6) Change Add			
Remove			
	adding additional A sheets, if necessary	rticles, enter change(s) here: (Be specific)	

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	5 . t. 10 2021	
The date of each amendment(s) adopt	ion: Sept. 19, 2024	, if other than the
date this document was signed.		
oute in Oremnen was argues.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block de document's effective date on the Departn	oes not meet the applicable statutory filing requirements, this date will reent of State's records	iot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approva).	by the members and the manner of votes cast for the amendment(s)	

Ø	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 Sept. 19, 2024
	(By the chairman or vice chairman of the board, president or other office if directors have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed tiduciary by that tiduciary)
	Lee Hartley
	(Typed or printed name of person signing)
	President CBA

(Title of person signing)

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The date of each amendment(s) adoption:date this document was signed.	Sept. 19, 2024	, if other than the
Effective date if applicable:		
(na more	e than 90 days after amendment file dater	
Nate: If the date inserted in this block does not me document's effective date on the Department of Sta	eet the applicable statutory filing requirements, this o	late will not be listed as the
	ate's records	
Adaption of Amendment(s) (CHEC	ate's records IK ONE)	

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