

768449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

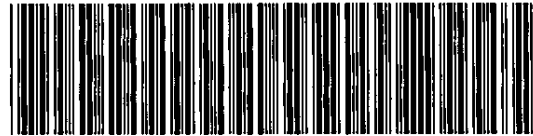
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Special Instructions to Filing Officer:

Spoke with
Renée Fox on 05-22-17
i.e. she gave permission to
add page 3 of 4 &
correct page
4 of 4.

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DIVISION OF CORPORATIONS
MAY 15 PM 4:32

V HERRING
MAY 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2017

RENEE FOX
2280 SHEPARD STREET
JACKSONVILLE, FL 32211

SUBJECT: ARLINGTON BY THE RIVER CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 768449

We have received your document for ARLINGTON BY THE RIVER CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring
Regulatory Specialist II

Letter Number: 917A00008292

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Arlington by the River Condominium Association
DOCUMENT NUMBER: 768449 Inc.

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renee Fox
Name of Contact Person
Arlington by the River
Firm/ Company
2280 Shepard St
Address
Jacksonville, FL 32211
City/ State and Zip Code
rfox002@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Fox at 904 2343556
Name of Contact 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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

Arlington By the River Condominium Association,
(Name of Corporation as currently filed with the Florida Dept. of State)
768 449

Inc

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NA

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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DIVISION OF CORPORATIONS
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Doc # 768449

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☒ Change President Suzanne Flowers 2280 Shepard St
☐ Add to Director # 203
☐ Remove Jacksonville, FL 32211
- 2) ☒ Change VP Tresa Calfee 2280 Shepard St
☐ Add to President # 302
☐ Remove Jacksonville, FL 32211
- 3) ☒ Change Directors Glenn Valerio 2280 Shepard St
☐ Add VP 504-
☐ Remove 32211
- 4) ☐ Change
☐ Add
☐ Remove
- 5) ☐ Change
☐ Add
☐ Remove
- 6) ☐ Change
☐ Add
☐ Remove

Leave rest the same

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

March 12, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 4-22-17

Signature Renee T Fox

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Renee T. Fox
(Typed or printed name of person signing)

Heaswood Registered agent
(Title of person signing)