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SUBJECT: Name of Corporation _ HOLIDAY_HAVEN HOMEOWNERS, INC **DOCUMENT NUMBER: 768459** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **James Lawaich** Name of Contact Person HOLIDAY HAVEN HOMEOWNERS, INC. Firm/Company 2730 S Highway A1A **BOX 132** Address MELBOURNE BEACH, FL 32951 City/State and Zip Code jimatwaters@gmail.com _ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at Jim Lawaich 233-8925 (732)Name of Contact Person Area Code & Daytime Telephone Number

Mailing Address:

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:



June 21, 2018

JAMES LAWAICH 2730 S HWY A1A MELBOURNE, FL 32951

SUBJECT: HOLIDAY HAVEN HOMEOWNERS, INC.

Ref. Number: 768459

We have received your document for HOLIDAY HAVEN HOMEOWNERS, 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 first page of the amendment was not included. I am sending that you for you to fill out and send in for filing.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 218A00012984

Articles of Amendment to Order of Incorporation of Articles of Incorporation of OCAT HOVEN HOME AUNTES TUC. (Name of Corporation as currently filed with the Florida Dept. of State) TOCATO (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

William Havino

Ca LANG

1116-1500ENG BEACH 72951

New Registered Office Address:

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

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 I V Mike . SV Sally S | Jones | |
|-----------------------------------|---|----------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | TREASUM | Bruce Gutherie | 143 NORWICH LANE MALBOURNE BEACH, FL 32951 |
| 2) Change Add Remove | REASUPER | William Daviso | 746 NORWICH LANE MEZBOLRNE BEACH, FL 32951 |
| 3) Change Add Remove | <u>v</u> P_ | MARILYN NYE | 427 NORWICK CAUE MELBOURNE BEACH, FO 32931 |
| 4) Change Add Remove | <u>VP</u> | JOANNE HAAS | 290 NORWICH LADE MED BOURNE BEACH, FO 32931 |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| If amending or adding additions attach additional sheets, if necessor | ary). (Be specij | fic) | | |
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| | date of each amendment(s) ad | , option: | | , if other than the |
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| date t | his document was signed. | | | |
| Effec | tive date if applicable: | 4 (| | |
| ÷ | 7, 37, 74 | • • (no more than 90 days afte | r amendment file date) | |
| Note: docui | If the date inserted in this blo ment's effective date on the De | ck does not meet the applicable st partment of State's records. | natutory filing requirements, this date | will not be listed as the |
| Adop | tion of Amendment(s) | (CHECK ONE) | • | |
| | The amendment(s) was/were adwas/were sufficient for approva | | mber of votes cast for the amendment | (s) |
| pt · | There are no members or membadopted by the board of director | pers entitled to vote on the amendars. | ment(s). The amendment(s) was/were | |
| | Dated 6 - 1 | 12-2018 | | |
| | Signature | ef Quail | PRESIDENT HOA |) |
| | have not bec | man or vice chairman of the board in selected, by an incorporator – i appointed fiduciary by that fiducia | d, president or other officer-if director f in the hands of a receiver, trustee, or ary) | · S |
| | JAM | CS P Loup (ch (Typed or printed r | name of person signing) | - |
| | P_{ℓ} | PESIDERT XO | 4 f person signing) | - |