769797

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FILED 2018 JUN 18 PM 3: 08 SECRETARY OF STATE TALLAHASSEE. FLORID!

C. GOLDEN JUN 1 9 2018

•	<u>COVER LETTER</u>

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TO: Amendment Section Division of Corporations			
Sorrento Dock Owners /			
769797 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitte	ed for filing.		
Please return all correspondence concerning this matter to	the following:		
Bernadette LeBeau			
(N	ame of Contact	Person)	
	(Firm/ Compa	ny)	
317 Rubens Drive			
	(Address)		
Nokomis, FL 34275			
	ty/ State and Zij	p Code)	
berni319@aol.com			
E-mail address: (to be used for	r luture annual r	eport notification)
For further information concerning this matter, please cal	l:		
Bernadette LeBeau		339	933-0579
(Name of Contact Person)	î	at (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payat	ole to the Florida	a Department of S	State:
S35 Filing Fee S43.75 Filing Fee & S Certificate of Status (ee & □\$52.56 Certifi γ is Certifi	0 Filing Fee icate of Status ied Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	7 	Street Address Amendment Secti Division of Corpo Clifton Building 2661 Executive C Fallahassee, FL 3	orations Tenter Circle

Articles of Amendment

to Articles of Incorporation of

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2018 JUN 18 PM 3: 08

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Sorrento Dock Owners Association, Inc.		SECRETARY OF ST
(Name of Corporation	n as currently filed with the Florid	la Dept. of State
69797		
(Docu	ment Number of Corporation (if kne	own)
Pursuant to the provisions of section 617.1006, Flo mendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For</i> .	Profit Corporation adopts the following
. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word Company" or "Co." may not be used in the name		or the abbreviation "Corp." or "Inc."
 <u>Enter new principal office address, if applica</u> Principal office address MUST BE A STREET A 		<u> </u>
rrincipal office address <u>51051 BE A STREET A</u>	<u> </u>	
rrincipal office address <u>51051 BE A 51KBE (2</u>		
. Enter new mailing address, if applicable:		
2. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	nter the name of the
2. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	nter the name of the
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>) If amending the registered agent and/or registered agent ag	BOX)	nter the name of the
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>) If amending the registered agent and/or registered agent and/or registered agent and/or the new registered 	BOX)	nter the name of the
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>) If amending the registered agent and/or registered agent and/or the new registered 	BOX) istered office address in Florida, e red office address: Bernadette LeBeau 317 Rubens Dr. (Flor	nter the name of the ida street address)
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>) If amending the registered agent and/or registered agent and/or the new registered <u>new registered agent</u>: <u>Name of New Registered Agent</u>: 	BOX) istered office address in Florida, e red office address: Bernadette LeBeau 317 Rubens Dr. (Flor	

1- i)Al Sian Signature of New Registered Agent, if changing

Page 1 of 4

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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)

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John II</u> <u>V Mike J</u> SV Sally S	lones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	Т	Barbara A. Lechky	391 W. Rossetti Dr.
Add			Nokomis, FL 34275
X Remove			
2) Change	T.	Bernadette LeBeau	317 Rubens Dr.
X Add			Nokomis, FL 34275
Remove			- <u></u>
3) Change	<u>S</u>	Bernadette LeBeau	317 Rubens Dr.
Add			Nokomis, FL 34275
X Remove			
4) Change	s	Emma Dell	423 Bellini Cir.
XAdd			Nokomis, FL 34275
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove		Page 2 of 4	

E. <u>If ameno</u>	<u>ling or adding</u>	additional /	Articles,	enter chang	<u>ge(s) here</u> :
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(attach additional sheets, if necessary). (Be specific)

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Effective da	te <u>if applicable</u> :	(no more than 90 days after amendment file do	atc)
<u>Note:</u> If the document's	date inserted in this effective date on the	block does not meet the applicable statutory filing requi Department of State's records.	
Adoption o	f Amendment(s)	(<u>CHECK ONE</u>)	
	endment(s) was/wer re sufficient for app	e adopted by the members and the number of votes cast f oval.	for the amendment(s)
	ire no members or m d by the board of dir	embers entitled to vote on the amendment(s). The amen ectors.	dment(s) was/were
	June F5	2018	
	have no	2 <u>11-11</u> <u>f</u> <u>c</u>	r officer-if directors receiver, trustee, or
	Denr	y Korinek	
		(Typed or printed name of person sign	ning)
	Presi	dent <u>(Centruit of Acture</u> , he (Title of person signing)	

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