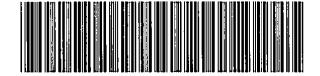
## N02000007863

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900330895759

06/24/19--01028--003 \*\*35.08

19 SEP 18 AH 'B:

THE PROPERTY OF

SEP 1 9 2019 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2019

CLAYTON STUDSTILL, ESQ THE STUDSTILL LAW FIRM, PLLC 326 REID AVENUE PORT ST JOE, FL 32456 SUBJECT: SUNSET HARBOR DOCKS, INC. Ref. Number: N02000007863 We have received your document for SUNSET HARBOR DOCKS, 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 019A00013669

2019 SEP 18 ATT1: 59

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Sunset Harbor Dock			
	2000007863		•	
DOCUMENT NUMBER:			<u> </u>	<del></del>
The enclosed Articles of Amena	<i>ment</i> and fee are subm	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Clayton B. Studstill, Esq.				
	(	Name of Contact Pe	rson)	
The Studstill Law Firm, PLLC				
<del></del>		(Firm/ Company	)	
326 Reid Avenue				
		(Address)		
Port St. Joe, FL 32456				
	(	City/ State and Zip C	Code)	
Clayton@thestudstilllawfirm.	com			
E-ma	il address: (to be used	for future annual rep	ort notification	)
For further information concerni	ng this matter, please c	all:		
Jeff Harvey		at	850	229-8800
(Na	me of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made pay	rable to the Florida Γ	Department of S	State:
□ \$35 Filing Fee □	S43.75 Filing Fee & C Certificate of Status	□S43.75 Filing Fee a Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Addi	<u>ess</u>	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ed with the Florida Dept. of State) Corporation (if known)
Corporation (if known)
Corporation (if known)
Florida Not For Profit Corporation adopts the following
The new
or "incorporated" or the abbreviation "Corp." or "Inc."
ress in Florida, enter the name of the s:
(Florida street address)
, Florida
ty) (Zip Code)
t: with and accept the obligations of the position.
re of New Registered Agent, if changing
<u>d</u>

Page 1 of 4

SEP 18 AM 19: 13

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	<u>V</u> <u>Mil</u>	n <u>Doe</u> ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Clayton Bryant	4200 Hwy 98
Add			Mexico Beach, FL 32410
X Remove			
2) Change	<u>v</u>	Richard Leonard Kryk, Jr.	4202 Hwy 98
Add		,	Unit B
x Remove			Mexico Beach, FL 32410
3) Change	Р	Don Gibson	4108 Hwy 98
x Add	<del></del>		Mexico Beach, FL 32410
Remove			
4) Change	P	Gustavo Giminez	3276 Shakerly Park
Add			Douglasville, GA 30135
x Remove			
5) Change	TR	Sylvia Carswell	834 Pine Ave
X Add			Albany, GA 31701
Remove			
6) Change	ST	Rita Giminez	3276 Shakerly Park
X Add			Douglasville, GA 30135
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
	onal Director to be added:		
D VP	Art Dillard		
Entire	Board after changes reflected in this Amendment:		
DΡ	Don Gibson		
D VP	Art Dillard		
DT	Sylvia Carswell		
DS	Rita Gimenez		

	7/6/19	is ask an above sky
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
	5/19	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	•
There are no members or mer adopted by the board of direct		
Dated	9-9-19	
Signature	In the same of the	
	sirman or vice chairman of the board, president or other officer-if directors	
	een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
other con	t appointed reducially by that reducially)	
Don G	ibson	
	(Typed or printed name of person signing)	
Preside	ent	