

11050000/1048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

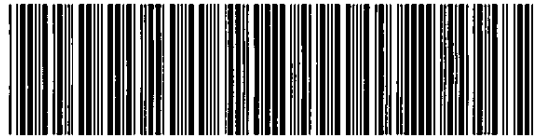
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/09--01011--011 **35.00

Amend

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN 17 AM 9:00

T Roberts JUN 18 2009

T Roberts JUN 18 2009

*Changed
& RE submitted*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2009

JERRE BREITBART
AUGUSTINE OAKS OFFICE CENTER OWNERS ASSO
P O BOX 330052
ATLANTIC BEACH, FL 32233

SUBJECT: AUGUSTINE OAKS OFFICE CENTER OWNERS ASSOCIATION,
INC.
Ref. Number: N05000011048

We have received your document for AUGUSTINE OAKS OFFICE CENTER OWNERS 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.

- ✓ The current name of the entity is as referenced above. Please correct your document accordingly.
- ✓ A post office box is not an acceptable address for the registered agent.
- ✓ Please list the street address of each officer/director.
- ✓ 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) 245-6892.

RECEIVED
2009 JUN 17 AM 8:00
Tina Roberts
Regulatory Specialist II
TAMM

Letter Number: 909A00019703

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Augustine Oaks Office Center Owners Association Inc.

DOCUMENT NUMBER: N05000011048

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

Please return all correspondence concerning this matter to the following:

Jerre Breitbart

(Name of Contact Person)

Augustine Oaks Office Center Owners Association, Inc.

(Firm/ Company)

P O Box 330052

(Address)

Atlantic Beach, FL 32233

(City/ State and Zip Code)

jbreibart@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerre Breitbart

(Name of Contact Person)

at (904) 662-3822

(Area Code & Daytime Telephone Number)

Previously Submitted
~~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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Augustine Oaks Office Center Owners Association, Inc.

09 JUN 17 AM 9:01

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000011048

(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)

11481 Old St. Augustine Road

STE 104

Jacksonville, FL 32258

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

P O Box 330052

Atlantic Beach, FL 32233

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:

Jerre Breitbart

2279 Seminole Road #6

New Registered Office Address:

(Florida street address)

Atlantic Beach

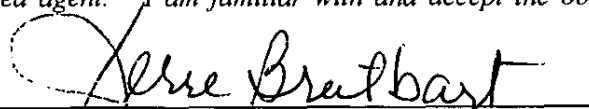
(City)

Florida 32233

(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

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

[illegible]

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

•

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DST</u>	<u>Chris Strickland</u>	<u>9191 RG Skinner Pkwy</u>	<input type="checkbox"/> Add
		<u>STE 503</u>	<input checked="" type="checkbox"/> Remove
		<u>Jacksonville, FL 32256</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 06-05-09
(date of adoption is required)
Effective date if applicable: 06-05-09
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06-05-09

Signature _____
(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)

Jason Centrella
(Typed or printed name of person signing)

President
(Title of person signing)