## NO5 000011519

(	Requestor's Name)
(	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del></del>	Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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## COVER LETTER - 7

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

SUBJECT: SE	AGRASS FLATS CONDOMINIU		D.
	CO	RPORATE NAME	
Enclosed are an	original and one (1) copy of the res	tated articles of incorpor	ation and a check for
■ \$35.0 Filing Fe		☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:		(Printed or typed)	
	811-B CYPRESS VILLAGE BLV		
	,	Address	
	RUSKIN, FL 33573		
	·	State & Zip	
	813-634-5425		
	·	elephone number	
	scott@owenslawgrouppa.com		and the same of th
	E-mail address; (to be used	i ior tuiure annuai report i	iourication)

NOTE: Please provide the original and one copy of the document.

## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ext of the Restated Articles is as follows:	
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	• 1
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	<del></del>

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	JANET MILLER	P.O. Box 547
Add			Anna Maria, FL 34216
X Remove			
2) Change	<u>P</u>	JOHN C. LEWIS, III	275 SAPPHIRE LAKE DR., #101
X Add			BRADENTON, FL 34209
Remove			<del></del>
3 ) Change	<u>VP</u>	CHRISTOPHER MILLER	c/o Seven Emeralds LLC
Add			P.O. Box 349
X Remove			North East, PA 16428
4) Change	VP	JOEY E. CHEEK	302 COMPASS POINT DR., #202
X Add			BRADENTON, FL 34209
Remove			
51 Change	ST	REBECCA MILLER GORDON	c/o Seven Emeralds LLC
Add			P.O. Box 349
X Remove			North East, PA 16428
6) Change	ST	CAROL LEWIS	275 SAPPHIRE LAKE DR., #101
X Add			BRADENTON, FL 34209
Remove			

SCOTT W. FITZPA	ATRICK		
811-B CYPRESS VIL	LLAGE BLVD.		
RUSKIN. FL 3357	'3		
Required Signal  ARTICLE CONSOLIDA  adopted restated articles	he appointment as registere  UN  ture/Registered Agent  TION	ed agent and agree to act i	in this capacity  1/10/202  Date
REQUIRED ADOPTIO	N INFORMATION		
f Amendment(s)	(СНЕСК О	NE)	
stated articles of incorp inber approval. The da st were sufficient for ap	ite of adoption of the ai	endment to the article mendments was July	es of incorporation which
1 2	RUSKIN. FL 3357  named as registered agent to m fandiar with and accept to Required Signal ARTICLE CONSOLIDA adopted restated articlements to them.  I REQUIRED ADOPTION of Amendment(s)	Required Signature/Registered Agent  ARTICLE CONSOLIDATION  adopted restated articles of incorporation superents to them.  I REQUIRED ADOPTION INFORMATION  f Amendment(s) (CHECK O	RUSKIN. FL 33573  Trained as registered agent to accept service of process for the above stated corporate farithms with and accept the approximent as registered agent and agree to act of the Required Signature/Registered Agent  ARTICLE CONSOLIDATION  Radopted restated articles of incorporation supersede the original artents to them.  I REQUIRED ADOPTION INFORMATION

	if other than the date of filing:
(If an effective	date is listed, the date must be specific and cannot be more than 90 days after the filing.)
Note: If the dathe document's	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
	ocument and affirm that the facts stated herein are true. I am aware that the false information submitted in Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Dated: July 1, 2020
	Signature:  (By a director, president or other officer – if directors or officer have not been selected, by an incorporator – if in the hands of a receiver, trustee of other court appointed fiduciary by that fiduciary)
	Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)