

NO50000 12064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

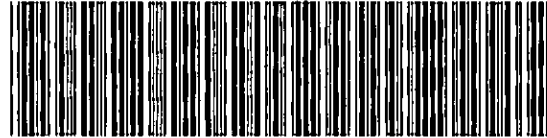
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

611

Office Use Only



800345027188

05/26/20--01014--005 **35.00

FILED
2020 JUN 25 PM 6:57
JUN 25 2020
JUN 25 2020
JUN 25 2020

JUN 25 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2020

JOHN L DORSEY
173 BAY GROVE BLVD
FREEPORT, FL 32439

SUBJECT: BAY GROVE COMMERCIAL PARK ASSOCIATION, INC.
Ref. Number: N05000012064

We have received your document for BAY GROVE COMMERCIAL PARK 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 registered agent must sign accepting the designation.

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: 320A00011532

2020 JUN 14 4:27

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAY GROVE COMMERCIAL PARK ASSOCIATION, INC

DOCUMENT NUMBER: N05000012064

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

Please return all correspondence concerning this matter to the following:

JOHN L. DORSEY

(Name of Contact Person)

BAY GROVE COMMERCIAL PARK ASSOCIATION, INC

(Firm/ Company)

173 BAY GROVE BLVD

(Address)

FREEPORT FL 32439

(City/ State and Zip Code)

julie@jandj30a.com

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

For further information concerning this matter, please call:

JOHN L. DORSEY

(Name of Contact Person)

at

850 699 0088

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

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

BAY GROVE COMMERCIAL PARK ASSOCIATION, INC

(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**)

173 Bay Grove Blvd
Freeport FL 32439

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

173 Bay Grove Blvd
Freeport FL 32439

**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:

JOHN L. DORSEY

173 Bay Grove Blvd Freeport FL 32439

(Florida street address)


New Registered Office Address:

Freeport
(City)

32439
Florida (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

2020 JUN 25 PM 6:57
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ST</u>	<u>MARY E. SANTUCCI</u>	<u>49 Sunburst Ct</u> <u>Santa Rosa Beach, FL 32459</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>JULIANA C DORSEY</u>	<u>419 Black Creek Lodge Rd</u> <u>Freeport FL 32439</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>J. DAVID SANDERS</u>	<u>18 Dalton Dr</u> <u>Santa Rosa Beach FL 32459</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>JOHN L DORSEY JR</u>	<u>419 Black Creek Lodge Rd</u> <u>Freeport FL 32439</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u>

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

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

NA -

NA -

late of each amendment(s) adoption: _____, if other than the
this document was signed.

ive date if applicable: May 12, 2020
(no more than 90 days after amendment file date)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ent's effective date on the Department of State's records.

on of Amendment(s) (CHECK ONE)

: amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)
/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated May 12, 2020

Signature Juliana C. Dorsey
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JULIANA C. DORSEY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)