## 1)050000/2745

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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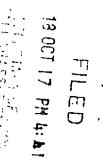
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August 8, 2018

KENNETH M SAXON SAXON ACCOUNTING & CONSULTING INC 2344 HANSEN LANE UNIT 1 TALLAHASSEE, FL 32301

SUBJECT: 2344 HANSEN LANE CONDOMINIUM, INC.

Ref. Number: N05000012745

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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.

Susan Tallent Regulatory Specialist II

> 2018 OCT | 7 PH 3: 4: SECRETARY OF STATE TALLAHASSEE, FL

Letter Number: 818A00016273

www.sunbiz.org

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 2344 HANSEN LANE CONDOMINIUM INC						
DOCUMENT NUMBER: N05000012745	<u> </u>					
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
KENNETH M SAXON						
	Name of Contact Person					
SAXON ACCOUNTING &	CONSULTING INC					
	Firm/ Company					
2344 HANSEN LANE UNIT	· •					
	Address					
TALLAHASSEE FL 32301						
	City/ State and Zip Code					
SAXONCPA@SAXONCPA.COM	· /					
E-mail address: (to be us	sed for future annual report notification)					
For further information concerning this matter, please KENNETH M SAXON CPA	·					
Name of Contact Person	at ( 850 ) 942-6151  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ \$35 Filing Fee	☐\$43.75 Filing Fee & ☐\$52.50 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

2344 HANSEN LANE CONDOMINIUM, INC	<u>,</u>				
(Name of Corporation as current	ly filed with the Florida Dep	t. of State)			
N05000012745					
(Document Number	er of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit	Corporation adopts t	he following		
A. If amending name, enter the new name of the corporation	<u>on:</u> .	•			
		<del></del> -	The new		
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	abbreviation "Corp.	" or "Inc."		
B. Enter new principal office address, if applicable:	2344 HANSEN LANE	E UNIT 1			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	TALLAHASSEE FL 1	32301			
			ā	<u> </u>	
	<del></del>	<del></del>	<u></u>	Ĩ.	-11
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2344 HANSEN LAN	E UNIT I	$\frac{\widehat{p}_{n}^{*}\widehat{z}_{n}^{*}}{\widehat{p}_{n}^{*}\widehat{z}_{n}^{*}}$	17	ILED
•	TALLAHASSEE FL.	32301	753 851 654 254	PM h:	6
		·		<del></del>	,
		<del></del>		<b>*</b>	
D. If amending the registered agent and/or registered office	e address in Florida, enter th	e name of the	:		
new registered agent and/or the new registered office ad					
Name of New Registered Agent: KENN	NETH M SAXON CPA	<del></del>			
_ 2344 H	IANSEN LANE UNIT	l			
New Registered Office Address:	(Florida stree	t address)			
TALL.	AHASSEE	, Florida 3	2301		
_	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	Agent: siliar with and accept the oblig	zations of the positior	1.		
Kon	nooth Sur	n OPA	<u>!</u>		
Sig	mature of New Registered Age	ent if changing			

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	SEC	MARKS,NATHAN W	2344 HANSEN LANE UNIT 2
Add X Remove			TALLAHASSEE FL 32301
2) Change	PRES	MARKS,CHARLES AIII	2444 HANSEN LANE UNIT 2
Add			TALLAHASSEE FL 32301
X Remove			
3) X Change	PTD	SAXON, KENNETH M	2344 HANSEN LANE UNIT 1
Add			TALLAHASSEE FL 32201
Remove			·
4) Change	VSD	BROWN.CRAIG J	2344 HANSEN LANE UNIT 2
X Add			TALLAHASSEE FL 32301
Remove			· <del></del> .
5) Change			
Add			
Remove			<del> </del>
6) Change		·	
Add			
Remove			

If amending or addi- attach additional she	ets, if necessary).	(Be specific)				
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	date of each amendment(	(s) adoption:	08/06/2018	if other than the
	ctive date <u>if applicable</u> :	08/07/2018		
J116.	tive date if applicable.	(no n	nore than 90 days after amendment file date)	
	If the date inserted in thi ment's effective date on th		meet the applicable statutory filing requireme State's records.	ents, this date will not be listed as the
Ado	ption of Amendment(s)	( <u>CH</u>	ECK ONE)	
	The amendment(s) was/we was/were sufficient for app		e members and the number of votes cast for th	ne amendment(s)
	There are no members or radopted by the board of di		to vote on the amendment(s). The amendment	nt(s) was/were
	Dated0	8/06/2018		
	Signature	Kenne	5 MJax	
	have no	ot been selected,	chairman of the board, president or other offi by an incorporator – if in the hands of a recei- duciary by that fiduciary)	
	K	ENNETH M	SAXON	
			(Typed or printed name of person signing)	
		PRESIDENT	Γ	
			(Title of person signing)	_