## N05000012745

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: 2344 HANSEN LA	NE CONDOMINIUM INC
N05000012745 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	ter to the following:
KEN SAXON CPA	
	(Name of Contact Person)
SAXON ACCOUNTING & CONSULTING INC	
	(Firm/ Company)
400 CAPITAL CIRCLE SE STE 18160	
	(Address)
TALLAHASSEE FL 32301	
	(City/ State and Zip Code)
kimberlydianechristian@gmail.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
KEN SAXON CPA	850-942-6151 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$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	Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

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## 2344 HANSEN LANE CONDOMINIUM, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)		ø.
N05000012745		J.
(Docur	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		a, enter the name of the
Name of New Registered Agent:	KIMBERLY CHRISTIAN	
	2344 HANSEN LANE UNIT	2
New Registered Office Address:		Florida street address)
	TALLAHASSEE	, Florida 32301
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		ot the obligations of the position.
_	Signature of New Regi	stered Agent, 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 X Remove X Add	PT John Do V Mike Jo SV Sally St	oneş	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	PTD	SAXON, KENNETH M	2344 HANSEN LANE UNIT I
<ul> <li>X Remove</li> <li>2) X Change Add</li> </ul>	<u>D</u>	BROWN, CRAIGJ	2344 HANSEN LANE UNIT 2
Remove 3) Change	<u>D</u>	KIMBERLY CHRISTIAN	TALLAHASSEE FL 32301 2344 HANSEN LANE UNIT 1 TALLAHASSEE FL 32301
4) Change Add	<del></del>		
Remove  5) Change Add			
6) Change Add	<del></del>		
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	(s) adoption:	07/07/2020	<del></del> .			, if other than the
Effective date if applicables	07/07/2020					
Effective date <u>if applicable</u> :	(no	more than 90 day	s after amendmen	t file date)	<u>.</u>	
Note: If the date inserted in the document's effective date on the	is block does r he Department	ot meet the application of State's records.	able statutory filin	g requirements,	this date will not b	e listed as the
Adoption of Amendment(s)	<u>(c</u>	CHECK ONE)				
The amendment(s) was/w was/were sufficient for ap		the members and	the number of vot	es cast for the a	mendment(s)	

≣	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	07/07/2020
	Signature	
		(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)
		KIMBERLY CHRISTIAN
		(Typed or printed name of person signing)
		CHAIRMAN DIRECTOR
		(Title of person signing)