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SEPARTINGS FOR FORMS

Amend

OCT 22 2018 ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

: WIGGINS PASS WE	ST CONDOMINI	UM ASSOCI	IATION, INC.
5381			
dment and fee are subm	nitted for filing.		
e concerning this matter	r to the following:		
	(Name of Contact	Person)	
<del> </del>	(Firm/ Compa	ny)	
	(Address)		
-	(City/ State and Zi	p Code)	
ail address: (to be used	for future annual r	eport notifica	tion)
ning this matter, please of	call:		
		239 at	405-5613
ame of Contact Person)		(Area Cod	e) (Daytime Telephone Number)
owing amount made pay	yable to the Florida	n Department	of State:
	Certified Copy	Ce y is Ce (A	2.50 Filing Fee entificate of Status entified Copy dditional Copy is nelosed)
<u>Iress</u>	_		
Amendment Section Division of Corporations			
27 EL 22214			•
	is all address: (to be used the price of Contact Person) owing amount made pay Certificate of Status  is all address: (to be used the price of Contact Person) owing amount made pay Certificate of Status  is all address: (to be used the price of Contact Person) owing amount made pay Certificate of Status  is all address: (to be used the price of Contact Person) owing amount made pay Certificate of Status	### Sast   Sast    ### Address    ### Concerning this matter to the following:    (Name of Contact	dment and fee are submitted for filing. e concerning this matter to the following:  (Name of Contact Person)  (Firm/ Company)  (Address)  (City/ State and Zip Code)  (Address: (to be used for future annual report notification and the following amount made payable to the Florida Department S43.75 Filing Fee & Section Section Section Amendment Scorporations Division of Cociffon Buildign Section Corporations Division of Cociffon Buildign Section

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

Ar	ticles of Amendment	
Arti	to icles of Incorporation	也人
	of	45 6
VIGGINS PASS WEST CONDOMINIUM ASSOCIATI	ION, INC.	
(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)
NO5381		orida Dept. of State)
(Document No	umber of Corporation (if	known)
rsuant to the provisions of section 617.1006, Florida Stanendment(s) to its Articles of Incorporation:	ntutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the corpo	oration:	
N/A		The new
ame must be distinguishable and contain the word "corp	oration" or "incorporate	
Company" or "Co." may not be used in the name.	924 Winging Dags U	P.d. Ap. 204
Enter new principal office address, if applicable:	826 Wiggins Pass R	
Principal office address <u>MUST BE A STREET ADDRE</u>	Naples, FL 34110	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 111015	
	Naples, FL 34108	
	<del></del>	
If amending the registered agent and/or registered	office address in Florid	a, enter the name of the
new registered agent and/or the new registered off		
Name of New Registered Agent: Jose (	Ochoa ————————	
826 V	Viggins Pass Rd. Apt 304	1
New Registered Office Address:	(	(Florida street address)
<u>New Registerea Office Address.</u> Naple	·e	34110
Napic	(City)	, Florida 34110
	(Cny)	(r.tp Couc)
New Registered Agent's Signature, if changing Register		me the obligations of the position
hereby accept the appointment as registered agent. I a	т затише жип апа ассе	рі іне обидановь ој те ромат.
	-1 Ochos	
<del>//</del>	Signature of New Rea	istered 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	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	McReynolds, Patricia	24199 Claire St.
Add	<del> </del>		Bonita Springs, FL 34135
X Remove			
2) Change	P	Blanzi, Sandy	24199 Claire St.
Add			Bonita Springs, FL 34135
X Remove			
3 ) Change	<u>VP</u>	Ziccarelli, Michele	24199 Claire St.
Add			Bonita Springs, FL 34135
X Remove			
4) Change	P	Antonino Miceli	PO Box 111015
X Add		,	Naples, FL 34108
Remove			
5) Change	T	David E. Jones	PO Box 111015
X Add			Naples, FL 34108
Remove			
6) Change	S	Nunzio Miceli	826 Wiggins Pass Rd. Apt 216
X Add			Naples, FL 34110
Remove			

attach additional sheets, if necessary).	(Be specific)	
		- <u></u>
<u></u>		
1	<del></del>	

09-27-2018	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
09-27-2018	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necessarily document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/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  O9-27-2018  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)	_
DAVID E. JONES	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	