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SEURL JARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

COASTAL CAY CONDOMINIUM ASSOCIATION, INC.

NAME OF CORPORATION:		_			
N06000001142					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mate CHRISTOPHER M. LOTHROP	ter to the following:				
	(Name of Contact Person	n)			
	(Firm/ Company)		_		
6227 RIDGEWOOD AVENUE					
	(Address)			-	 -
COCOA BEACH, FL 32931					
.	(City/ State and Zip Cod	 c)		_	
CMLOTHROP@GMAIL.COM					
E-mail address: (to be use	d for future annual report	notification)			
For further information concerning this matter, please	e call:				<u></u>
CHRISTOPHER M. LOTHROP			947-9520	19 SS	015174 4535
(Name of Contact Person			(Daytime Telephon	e Number)	
Enclosed is a check for the following amount made p	ayable to the Florida Depa	irtment of St	ate:	30 PH	- C.
■ \$35 Filing Fee □\$43,75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifie	ate of Status d Copy anal Copy is	ք կ։ 28	STALE

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

οf

COASTAL CAY CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation NO6(00000)1142	as currentl	y filed with the	Florida Dept. of S	<u>State</u>)		_
(Docum	nent Number	r of Corporation	ı (if known)	-		_
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	, this <i>Florida N</i>	ot For Profit Corpo	oration adopts the	followi	ng
A. If amending name, enter the new name of the NeA	<u>corporatio</u>	<u>n:</u>			The ne	,,,,
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorpe	orated" or the abbr	eviation "Corp." (
	_	N/A				
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		$N^j \Lambda$			-	_
	-	N A				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	- BOX)	6227 RIDGEW	OOD AVENUE	_		_
· · · · · · · · · · · · · · · · · · ·	-	COCOA BEAG	ЛН, FL 3 2 931			_
				 	:	<u>.5</u> -2.7
D. If amending the registered agent and/or regis	stered office	address in Flo	rida, enter the nai	ne of the	<u> </u>	, 3°.
new registered agent and/or the new register					Ľ,	
Name of New Registered Agent:	CHRISTO	PHER M. LOT	HROP		(2)	7
	6227 RID	GEWOOD AVI	NUE			5024
			(Florida street addr	ras)	÷	
<u>New Registered Office Address</u> :	COCOA E	REACH		32931	: 28	
		(City)		. Florida (Zip Code)		;
		•		11.01 20.00		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen	Registered A t. am fam	went: iliar with and a	ccept the obligation	s of the position.		
	(AM.	THO			_
	Sig	nature of New I	Registered 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 A Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DPS	TONY HERNANDEZ, III	503 N. ORLANDO AVENUE
			SUTTE 106
Add X Remove			COCOA BEACH, FL 32931
2) Change	DPS	CHRISTOPHER M. LOTTIROP	6227 RIDGEWOOD AVENUE
2) Clunge Add			COCOA BEACH, FL 32931
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding</u> (attach additional sheet	s, if necessary). (Be specific)				
S.A						
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9/26/19

The	date of each ame this document was	ndment(s) adoption:	, if other than the
	ective date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this dat ate on the Department of State's records.	e will not be listed as the
Ado	ption of Amendm	nent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficies	 was/were adopted by the members and the number of votes cast for the amendment for approval. 	ent(s)
	There are no men adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/we pard of directors.	ere
		9 26 19	
	Dated		
	Signatur		
		(By the chairman of vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
		TONY HERNANDEZ, III	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	_