

NO6000006347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

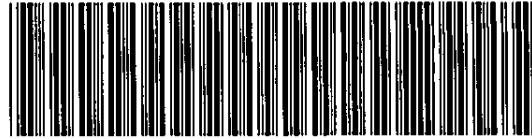
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/01/16--01020--024 **35.00

2016 NOV 14 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 16 2016
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2016

ANDREW SCHILLER
2709 GULF BLVD APT 2
INDIAN ROCKS BEACH, FL 33785

SUBJECT: SOL DEL MAR CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000006347

We have received your document for SOL DEL MAR CONDOMINIUM 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):

CHECK ONE BOX ON PAGE 4 OF 4

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 616A00023562

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOL DEL MAR CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N06000006347

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

Please return all correspondence concerning this matter to the following:

Andrew Schiller

(Name of Contact Person)

SOL DEL MAR CONDOMINIUM ASSOCIATION, INC.

(Firm/ Company)

2709 Gulf Blvd, Apt 2

(Address)

Indian Rocks Beach, FL 33785

(City/ State and Zip Code)

adschiller@gmail.com

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

For further information concerning this matter, please call:

Andrew Schiller

727-482-5269

at

(Name of Contact Person)

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

SOL DEL MAR CONDOMINIUM ASSOCIATION, INC.

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

N06000006347

(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)

2709 Gulf Blvd.

Apt 2

Indian Rocks Beach, FL 33785

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2709 Gulf Blvd.

Apt 2

Indian Rocks Beach, FL 33785

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: Andrew Schiller

2709 Gulf Blvd. - Apt 2, Indian Rocks Beach, FL 33785

(Florida street address)

New Registered Office Address:

Indian Rocks Beach

(City)

Florida 33785

(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

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2016 NOV 14 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, 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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Andrew Schiller</u>	<u>2709 Gulf Blvd.</u> <u>Apt B</u> <u>Indian Rocks Beach, FL 33785</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Jenny Enzo</u>	<u>2709 Gulf Blvd.</u> <u>Apt D</u> <u>Indian Rocks Beach, FL 33785</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>Tara Armstrong</u>	<u>2709 Gulf Blvd.</u> <u>Apt C</u> <u>Indian Rocks Beach, FL 33785</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Gasper Lazzara</u>	<u>5000 Sawgrass Village Circle</u> <u>Suite 3</u> <u>Ponte Vedra Beach, FL 32082</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Dale Schooley</u>	<u>200-10 Brightwater Drive</u> <u>Clearwater Beach, FL 33767</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ST</u>	<u>Brenda L. Kixmiller-Shamblin</u>	<u>315 South Riverhills Drive</u> <u>Temple Terrace, FL 33617</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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

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 not be listed as the document's effective date on the Department of State's records.

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 October 28, 2016 _____

Signature Andrew Schiller
(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)

Andrew Schiller

(Typed or printed name of person signing)

President

(Title of person signing)