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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Reque	stor's Name)	, <u> </u>
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RECEIVED AUG 0 5 2019

S TALLENT AUG 2 3 2019



August 12, 2019

ROBERT E WORLEY SALT SPRINGS RESORT COTTAGES CONDOMINIUM PO BOX 5144 SALT SPRINGS, FL 32134

SUBJECT: SALT SPRINGS RESORT COTTAGES CONDOMINIUM

ASSOCIATION, INC.

Ref. Number: N06000007714

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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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

Letter Number: 319A00016574

Rel 23/2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Salt Springs Res NAME OF CORPORATION:	ort Cottages Condon	ninium Assoc	elation Inc
DOCUMENT NUMBER:		·	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Robert E Worley			
	(Name of Contact Pe	erson)	
Salt Springs Resort Cottages Condominium As	sociation INc		
	(Firm/ Company	')	·
Post Office Box 5144			
	(Address)	<del></del>	
Salt Springs, Florida 32134			
	(City/ State and Zip (	Code)	
gator2255@bellsouth.net			16/
E-mail address: (to be use	ed for future annual rep	ort notificatio	n)
For further information concerning this matter, pleas	se call:		
Robert Worley	at	386	547-9425
(Name of Contact Perso	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida I	Department of	State:
\$35 Filing Fee \$35 Filing Fee & Certificate of Status	© □\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certi Certi (Add	0 Filing Fee ficate of Status fied Copy fitional Copy is osed)
Mailing Address Amendment Section		eet Address lendment Sect	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Salt Springs Resort Cottages Condominium Association, Inc.

(Name of Corporation as curr	ently filed with the Florida Dept. of State)	
N06000007714		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	otes, this <i>Florida Not For Profit Corporation</i> adop	ots the following
A. If amending name, enter the new name of the corporate	ation:	_
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "C	The new orp," or "Inc."
B: Enter new principal office address, if applicable:	14070 NE	= 250th Cincle
(Principal office address <u>MUST BEA STREET-ADDRES.</u>	∑) Salt Springs	
	Florida 32134	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 5144	2019 AUG
· · · · · · · · · · · · · · · · · · ·	Salt Springs	· · · · · · · · · · · · · · · · · · ·
	Florida 32134	<u></u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	· · · · · · · · · · · · · · · · · · ·	12:27
Name of New Registered Agent:	Robert E. Worley	
	4070 NE 250th Cincle	
New Registered Office Address:	Robert E. Worley 4070 NE 20th Circle SALT Springs followidge street address) 32134	
	SALT SPRINGS Florida	32134
	(City) (Zip Coc	<i>ie)</i>
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		itio <b>n</b> .
	Will Losly	
	Signature of New Registered Agent, if changing	
	Page Lof (	

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.

X Change X Remove X 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	Р	Larkin, Marshall	150 Orandale Avenue
Add			Jacksonville
x Remove			Florida 32218
2) Change	S	Richardson, Lynn	PO Box 5124
Add			Salt Springs
x Remove			Florida 32134
3) Change	VP	Maine, Vernon	PO Box 5452
Add			Salt Springs
x Remove			Florida 32134
4) X Change	Р	Worley, Robert	PO Box 5309
Add			Salt Springs
Remove			Florida 32134
5) Change	D	Louderback, Alex	PO Box 5026
x Add		<del> </del>	Salt Springs
Remove			Florida 32134
6) Change	VP	Hall, Rodney	25103 NE 140th Loop
x Add			Salt Springs
Remove			Florida 32134

Add	S	Yearwood, Daniel	25119 NE 140th Loop, Salt Springs, FI 32134
Sono	dra P	ashau was the	CAM GOT PLAZA Lodge, LCC -
		•	the Ludge - she has a stel that
we	rem	ove her name t	from our bizz page - I believe S,
			- The cam that should be Some
			anyway I want to inform
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		<del></del>	· <del></del>
	<u> </u>		

E. If amending or adding additional Articles, enter change(s) here:

	August 2, 2019	
The date of each amendmen	nt(s) adoption:	_, if other than the
date this document was signe	d.	
	July 30, 2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.  ust 2, 2019	
(By the have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
R	obert E Worley	
	(Typed or printed name of person signing)	
В	oard of Directors: President	
_	(Title of person signing)	

and the second