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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Incorrect Form
Corporation - Non Profit

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07/30/24--01022--017 **35.00

FILED
2024 OCT 18 PM 8:19
STATE
TALLAHASSEE, FL

AKB

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ocean Pine Villas Condominiums, Inc

DOCUMENT NUMBER: NO6000010816

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

Please return all correspondence concerning this matter to the following:

Concetta Hall
(Name of Contact Person)

Ocean Pine Villas Condominiums, Inc
(Firm/ Company)

419 Ocean Ave #203
(Address)

Melbourne Beach, FL 32951
(City/ State and Zip Code)

Concetta_h@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Concetta Hall at 513-939-6606
(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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

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

2024 OCT 18 PM 8:50

Ocean Pine Villas Condominium, Inc

(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:

NA

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)

419 Ocean Ave #203

Melbourne Beach, FL

32951

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

419 Ocean Ave #203

Melbourne Beach, FL

32951

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:

Concetta Hall

419 Ocean Ave #203, Melbourne Beach, FL

(Florida street address)

32951

New Registered Office Address:

Melbourne Beach

(City)

Florida 32951

(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.

Concetta Hall

Signature of New 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:

<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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|---------------------|------------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>P</u> | <u>Michael Petrose</u> | <u>419 Ocean Ave #304</u>
<u>Melbourne Beach, FL 32951</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>P</u> | <u>Concetta Hall</u> | <u>419 Ocean Ave #203</u>
<u>Melbourne Beach FL 32951</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Concetta</u> | |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>S</u> | <u>Concetta Hall</u> | <u>419 Ocean Ave #203</u>
<u>Melbourne Beach, FL 32951</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>FRANKS Nealon</u> | <u>419 Ocean Ave #101</u>
<u>Melbourne Beach, FL 32951</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |

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

(attach additional sheets, if necessary). (Be specific)

NA

[illegible]

Effective date if applicable: 7/10/24
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 7/10/24

Signature Concetta Hall, President
(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)

Concetta Hall
(Typed or printed name of person signing)

President
(Title of person signing)

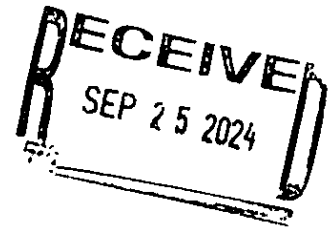


FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2024

CONCETTA HALL
419 OCEAN AVE #203
MELBOURNE BEACH, FL 32951

SUBJECT: OCEAN PINE VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000010816



We have received your document for OCEAN PINE VILLAS 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):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 024A00017511

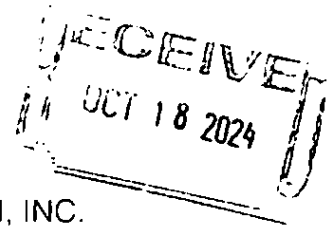


FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2024

CONCETTA HALL
419 OCAN AVE #203
MELBOURNE BEACH, FL 32951

SUBJECT: OCEAN PINE VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000010816



We have received your document for OCEAN PINE VILLAS 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):

You are missing the date on your amendment.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 724A00022120