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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HAND AVE	NUE CENTRE NORTH CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: <u>N06000011590</u>	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Penny K. Every	
	(Name of Contact Person)
Jeffrey C. Sweet, Esqui	re
	(Firm/ Company)
595 W. Granada Blvd., S	uite A
	(Address)
Ormond Beach, FL 32174	
	(City/ State and Zip Code)
Penny.every@jsweetlaw.c E-mail address: (to be	om used for future annual report notification)
For further information concerning this matter, pl	lease call:
Penny K. Every	at (386) 677-3431
(Name of Contact Pe	<u> </u>
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
■ \$35 Filing Fee	ee & S43.75 Filing Fee & S52.50 Filing Fee  Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HAND AVENUE CENTRE NORTH CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as curr	ently filed with the Fl	orida Dept. of State)
. N06000011590		
(Document Nur	nber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration or incorporat	ea or the appreviation Corp. or the.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u></u>	
	<u> </u>	73 78
	-	#77 N
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
many districts many beautiful to the state of the state o		
	·	<del></del>
<b>A</b>		<u> </u>
D. If amending the registered agent and/or registered of	llica address in Florid	y antar the name of the
new registered agent and/or the new registered office		a, ence the name of the
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		vt the obligations of the position.
	Signature of New Reg.	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)

C . . . .

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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	<u>P/D</u> .	Paul_FHolub,_Jr	1185 W. Granada Blvd.,
Add			Suite 12
Remove			Ormond Beach, FL 32174
2) Change	_ D	Jeffrey C. Sweet	595_WGranada_Blvd
Add			Suite A
X Remove			Ormond Beach, FL 32174
3 ) Change		Penny K. Every	595 W. Granada Blvd.
Add			Suite A
X Remove			Ormond Beach, FL 32174
4) Change	_VP/D_	Carol Barr	1425_Hand_Ave
<u>X</u> Add			Unit_H
Remove			Ormond_Beach,_FL_32174
5) Change	VP/D	Jeffrey DeMercurio, M.D.	1425 Hand Avenue
_ <u>x</u> Add			Unit C
Remove			Ormond Beach, FL 32174
6) Change	S/T/D	John Trost	1275 W. Granada Blvd.
<u>X</u> Add			<u>Suite_5B</u>
Remove			Ormond Reach, Fi 32174

sttach additional s	dding additional A sheets, if necessary	). (Be specifi	c)				
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The date of each amendment late this document was signed.	•	, if other than the
Effective date if applicable:	August 20, 2018	_
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the an proval.	nendment(s)
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) lirectors.	was/were
Dated Signature (By the	chairman or vice chairman of the board, president or other officer-i	of directors
have n	ot been selected, by an incorporator — if in the hands of a receiver, tourt appointed fiduciary by that fiduciary)	
	Paul F. Holub, Jr.  (Typed or printed name of person signing)	
_	President (Title of person signing)	