N07000005380

(Requestor's Name)
(Address)
(Address)
(111111)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cootine ne na
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



600414198176

08/18/23--01011--004 **35.00







September 11, 2023

SCOTT STOCKSTILL 1417 HAMLIN AVE UNIT C SAINT CLOUD, FL 34771

SUBJECT: HAMLIN INDUSTRIAL CENTER CONDOMINIUM ASSOCIATIO

INC.

Ref. Number: N07000005380

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):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NON 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.

Shaunteria Cobbs Regulatory Specialist II

SEP 2 1 2023

Letter Number: 623A00020833

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Hamlin Industrial C	Center Condominium Asso	ciation, Inc.	
	IBER: N07000005380			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Scott Stockstill			202
		Name of Contact Person	n	2023 SEP 21 PH 3: 24
				EP 21 PH
		Firm/ Company		
	1417 Hamlin Ave Unit C			유 유
		Address		
	Saint Cloud, FL 34771			2
		City/ State and Zip Cod	e	
	scott@fcsofmidfl.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Scott Stockstill		at (620-3536	
Name of Contact Person			de & Daytime Telephone Num	iber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State;	
■ \$35 Filing Fec	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

for Wholominium Mocation inc.
nt Number of Corporation (if known)
la Statutes, this Florida Not For Profit Corporation adopts the following
corporation: . 202 : The new
corporation" or "incorporated" or the abbreviation "Corp." or "Incorporated" or "Inc
DRESS) 3: 24
OX)
ered office address in Florida, enter the name of the 1 office address:
Scott Stockstill
1417 Hamlin Ave. Unit C. (Florida su cei address)
Saint Cloud Florida 34771 (City) (Zip Code)
rgistered Agent: I am familiar with and accept the obligations of the position.

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	<u>PT 1</u>	ohn Doc		
X Remove	<u>v</u> <u>v</u>	Mike Jones		
_X Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	VP, T	Julieta Santos	101 Park Place Blvd Ste 2	
Add			Kissimmee FL 34741	
X Remove			1417 Hamlin Ave Unit A SEP	
2) Change	VP, T	Luis Fernando Ricon	1417 Hamlin Ave Unit A	
x Add			Saint Cloud, FL 3477.1	. 17## U
Remove 3) Change	VP, T	Julieta T. Santos		
x Add			24	
Remove				
4) Change	<u> </u>	Jessica Tydings	101 Park Place Blvd Ste 2	
Add			Kissimmee FL 34741	
X Remove				
5) Change	S 	Rafael Gonzalez	1417 Hamlin Ave Unit F	
X Add			Saint Cloud FL 34771	
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
			 -	
				
		 .		
			<u>_</u>	
	<u> </u>			
	-			
		<u> </u>		
				
If an amendment provides for an excha	nge, reclassification, or cancellation of issued sha	ires,	~ `	
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:	5	2023 SEI	
NIA		:	SE	Ī
<u> </u>			0	
\(\cdot\)			21	; 70
				1 1
				£
		HASSER FL	PH 3: 24	-9
		7.1	_ _	
				,

The date of each amendment(s) acd date this document was signed.	toption:	, if other than
Effective date <u>if applicable</u> :		
and it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment of the sproval.	ent(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected	rector, president or other officer – if directors or officers have not be laby an incorporator – if in the hands of a receiver, trustee, or other of the fiduciary by that fiduciary) Brunci – Scott Stockstill H (Typed or printed name of person signing)	en Court
	Fegistered Agent - Owner (Title of person signing)	2028 SEP 21 PM 3: 24 AL AHASSEC, FL

the

the