

118 000007241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Received
faxed page 4 of 4 on 12/21/17
from V Flanagan with corrections

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12/08/17--01006--017 **43.75

S. TALLENT
DEC 21 2017

FILED
17 DEC 21 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2017

JOSEPH D. FLANNAGAN
GULF VIEW CABINETS
2868 ROOSEVELT BLVD.
CLEARWATER, FL 33760

SUBJECT: ROOSEVELT COMMERCE CENTER ASSOCIATION, INC.
Ref. Number: N08000007241

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 017A00025083

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Roosevelt Commerce Center Assoc Inc.

DOCUMENT NUMBER: N08000007241

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

Please return all correspondence concerning this matter to the following:

Joseph D. Flannagan
(Name of Contact Person)

Gulf View Cabinets
(Firm/ Company)

2868 Roosevelt Blvd.
(Address)

Clearwater, FL 33760
(City/ State and Zip Code)

Joe @ GulfVIEWCABINETS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica A Flannagan at 727-725-2028
(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 checked="" 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

Roosevelt Commerce Center Association, Inc.

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

N08000007241

(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)

2368 Roosevelt Blvd.
Clearwater, FL 33760

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2368 Roosevelt Blvd.
Clearwater, FL 33760

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:

Veronica A Flannagan
415 Denise Street

(Florida street address)

New Registered Office Address:

Tarpon Springs, Florida 33760
(City) (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.

Veronica A Flannagan
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE FL 32309

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 type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PVD</u>	<u>Deron Thomas</u>	<u>P.O. Box 1485</u> <u>Safety Harbor, FL</u> <u>35695</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>STD</u>	<u>Robert Symanski</u>	<u>309 Belcher Rd.</u> <u>Clearwater, FL</u> <u>33765</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Joseph D. Flannagan</u>	<u>415 Denise Str.</u> <u>Tarpon Springs, FL</u> <u>34689</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VD</u>	<u>Frank Gypuru</u>	<u>1960 Leine Ln</u> <u>Clearwater, FL</u> <u>33760</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Anand Narwani</u>	<u>5030 Champion Blvd.</u> <u>G11-425</u> <u>Boca Raton, FL</u> <u>33496</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Scott Hallihan</u>	<u>1407 Redressa Run</u> <u>Raleigh, NC</u> <u>27607</u>

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

Add D Tom Clapp 840 Johnson St
Hollywood, FL
33019

Add S Veronica A. Flannagan 415 Denise Str.
Tarpon Springs, FL
34689

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

Effective date if applicable: 12/12/2017
(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 12/4/17

Signature

[Signature]
(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)

Joseph D Flanagan
(Typed or printed name of person signing)

President
(Title of person signing)