NO8 000010247

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COVER LETTER

TO: Amendment Section
Division of Corporations

on connon	ATION: The Cottages at St	Augustine Beach Owners A	Association Inc.	
DOCUMENT NUMB	ATION:	-		
	of Amendment and fee are su	hmitted for filing		
Please return all corresp	pondence concerning this ma	tter to the following:		
•	Charles Hennessey			
_		Name of Contact Persor	1	
-		Firm/ Company		
202 12th Street				
_	Address			
:	Saint Augustine, Fl 32080			
-		City/ State and Zip Code	e	
hennes	sseycj@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Charles Hennessey		at (de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

The Cottages a	at St Augustine beach owners A
(Name of Corporation as current	tly filed with the Florida Dept. of State)
Nn8n000	10247
	er of Corporation (if known)
amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	202 12th Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Saint Augustine, FL 32080
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	202 12th Street
	Saint Augustine (FC 32080
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Si	gnature 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Charles F. Nauss	200 12th Street
Add X Remove			Saint Augustine, Fl 32080
2) Change	P	Charles Hennessey	202 12th Street
X Add			Saint Augustine, Fl 32080
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)		
N/A			
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	- 0.7		
			
			
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The date of each amendment(s) a	doption: NA	, if other than the
late this document was signed.	-	
Effective date <u>if applicable</u> ;	N/A (no more than 90 days after amendm	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this bidocument's effective date on the D		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of veral.	otes cast for the amendment(s)
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). It	The amendment(s) was/were
Dated 6/2	14/2019	
Signature	4911	
(By the chat have not b	irman or vice chairman of the board, president een selected, by an incorporator – if in the hast appointed fiduciary by that fiduciary)	
_CH.	4RLES J HENNESSEY (Typed or printed name of p	
	(Typed or printed name of p	erson signing)
<u> </u>	SIDENT	- Allerton
	(Title of person:	signing)