N10000002649

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	·
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JUL & 2016 CLEWIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2016

DOUGLAS SHORE 4400 LISTER ST PORT CHARLOTTE, FL 33952 US

SUBJECT: CHARLOTTE HARBOR YOUTH SAILING, INC.

Ref. Number: N10000002649

We have received your document for CHARLOTTE HARBOR YOUTH SAILING, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not file your bylaws. Please keep the bylaws for your records. If you need to make more changes than are on the amendment form, you can file amended and restated articles. But make sure you have all the changes you need to make in the document. Please do not send two sided documents for filing. We need you to send one sided documents.

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.

Letter Number: 116A00010736

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org



Charlotte Harbor Youth Sailing

Date: 06/15/2016

Carolyn Lewis Regulator Specialist II Florida Department of Sate Division of Corporations P.O. Box 6327 Tallahassee FL. 32314

Dear Carolyn,

Thank you again for your help with our application.

In re-submitting our application Articles of Amendment to Articles of Incorporation, I have included two (2) sheets to amending our officers and included a one (1) copy of our Second Amendment to and Restatement of the By-Laws.

Please, do not hesitate to contact me if you have any additional comments or questions.

Sinceré

Roger H. Strube, MD (retired)

President

COVER LETTER

TO: Amendment Section Division of Corporations

CHARL NAME OF CORPORATION:	OTTE HARBOR YOUTH SAILING. INC
N100000026	49
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and	I fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
DOUGLAS SHORE	
	(Name of Contact Person)
	(Firm/ Company)
4400 LISTER ST	
ART ST.	(Address)
PORT CHARLOTTE, FL 33952 US	
	(City/ State and Zip Code)
dshore@embarqmail.com	
E-mail address	: (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
MARTIN HOLLAND	941-286-0722 at
(Name of Co	
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 F Certificat	iling Fee & \$\Bigcup \\$43.75 \text{ Filing Fee & Certificate of Status} \text{ Certified Copy (Additional copy is enclosed)} \text{ (Additional Copy is Enclosed)} \text{ Enclosed)}
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CHARLOTTE HARBOR YOUTH SAILING, INC	2018 JUL - 1 AH 10: 5
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
N10000002649	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corpora	ation:
N/A	The r
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS	<u>(§</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
). If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	(Profina Sireet duaress)
	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for	
	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: X Change X Remove X Add	\underline{V} \underline{N}	ohn Doe fike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Douglas Shore	1119 Lucia Drive
Add			Punta Gorda, FL 33950
X Remove			
2) Change	v	Robert S. Driscoll	25188 Marion Avenue, #THI 044
Add			Punta Gorda, FL 33950
Remove			
3) Change	Т	Paul L. Sandler	3710 Spoonbill Court
Add			Punta Gorda, FL 33950
X Remove	,		
4) Change	S	Albert L. Shuhart	3664 Aruba Court
Add			Punta Gorda, FL 33950
X Remove			
5) Change	D	Robert C. Caldwell	1119 Via Tripoli
Add			Punta Gorda, FL 33950
X Remove		·	
n) Change			
Add			
Remove			

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.

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Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Roger H. Strube, MD (retired)	2560 Rio Palermo Court,
X Add			Punta Gorda, FL 33950
Remove			
2) Change	VD	Dan Oleary, MD	3710 Como Street,
X Add			Port Charlotte, FL 33948
Remove 3) Change	TD	Douglas Shore	1119 Lucia Drive
X Add			Punta Gorda, FL 33950
Remove	SD	Audrey Walther	15268 Acorn Circle,
4) ChangeX Add		·	Port Charlotte, FL 33981
Remove			
5) Change	D	Hank Killion	1184 Boundary Boulevard, 33947
X Add			Rotonda West, FL. 33947
Remove			A
δ) Change	<u>D</u>	John "Jack" Mac	26045 Luzon Court,
X Add			Punta Gorda, FL 33983
Remove			

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.

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Example: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Martin Holland	2139 Harbour Drive
X Add			Punta Gorda, FL. 33983
Remove			
2) Change			
Add			- Address Addr
Remove			
3) Change			
Add			
Remove			
4) Change		-	***************************************
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
O) Change			MACON CONTROL OF THE
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) addate this document was signed.	doption:	if other than the
_	pary 21, 2016	rhilb . obstaby OF beatt
	(no more than 90 days after amendment file date)	HYISION OF CORPORATION
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this d oggr ill jhji t be liste d A sl die 5 0
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the anal.	nendment(s)
Dated Signature Have not been other court a	porsentitled to vote on the amendment(s). The amendment(s) ors. I have a selected by an incorporator – if in the hands of a receiver, the appointed fiduciary by that fiduciary) Strube, MD (retired) (Typed or printed name of person signing)	TINO If directors
Presiden		
	(Title of person signing)	