N14000003226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB -6 AM 9:55

C. Lewis
2-9-15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2014

ROBYN FISCHER / ICON MANAGEMENT SERVICES
5284 PAYLOR LANE
SARASOTA, FL 34240 US

SUBJECT: VERANDA II AT TREVISO BAY CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N14000003226

We have received your document for VERANDA II AT TREVISO BAY CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00024634

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 FEB -6 AM 9:55

VERANDA II AT TREVISO BAY CONDOMINIUM ASSOCIATION, INC.

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

N14000003226

(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)

_____

_____

_____

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

c/o ICON Management Services, Inc

5284 Paylor Lane, Sarasota, FL 34240

_____

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: ICON Management Services, Inc. (Dennis K Colletti)

New Registered Office Address: 5284 Paylor Lane
(Florida street address)

Sarasota, Florida 34240
(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.

_____
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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	D/P	Anthony J Burdett	10481 Ben C. Pratt, Six Mile Cypress Pkwy FORT MYERS, FL 33966
___ Add			
X Remove			
2) ___ Change	D/S/T	Matthew Devereaux	10481 Ben C. Pratt, Six Mile Cypress Pkwy FORT MYERS, FL 33966
___ Add			
X Remove			
3) ___ Change	D/P	David Negip	10481 Ben C. Pratt, Six Mile Cypress Pkwy FORT MYERS, FL 33966
X Add			
___ Remove			
4) ___ Change	D/S/T	Lance Ellis	10481 Ben C. Pratt, Six Mile Cypress Pkwy FORT MYERS, FL 33966
X Add			
___ Remove			
5) ___ Change			
___ Add			
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

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

N/A

The date of each amendment(s) adoption: OCTOBER 21, 2014 if other than the date this document was signed.

SECRETARY OF STATE
DIVISION OF CORPORATION
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Effective date if applicable: OCTOBER 21, 2014

(no more than 90 days after amendment file date)

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 _____

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)

Darin McMurray

(Typed or printed name of person signing)

Director/VP

(Title of person signing)