N1400003226

(Reque	estor's Name)	
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(City/S	state/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Clewis 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



VERANDA II AT TREVISO BAY CONDOMINIUM ASSOCIATION. INC. 15 FEB -6 AM 9: 55

VERANDA II AT TREVISO		·	CIATION, INC.	יז ז כי
(Name of Corporation as current) N14000003226	y liled with the Fio	rida Dept, of State)		
(Doct	ament Number of Co	prporation (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		s, this <i>Florida Not For Profit</i>	Corporation adopts the foll	lowing
A. If amending name, enter the new na	me of the corporati	on:		
name must be distinguishable and contain "Company" or "Co," may not he used in		tion" or "incorporated" or the		he new "Inc."
B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if appli- (Malling address MAY BE A POST (c/o ICON Managem	ent Services, Inc	
		5284 Paylor Lane, Sa	rasota, FL 34240	
D. If amending the registered agent and new registered agent and/or the new			he name of the	
Name of New Registered Agent:	ICON Manageme	nt Services, Inc. (Dennis K C	olletti)	
	5284 Pay	lor Lane		
New Registered Office Address:	Sarasota	(Florida street address)	Florida 34240	
	(City)		Florida (Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as regist	sanging Registered ered agent. I am fai	Agent: miliar with and accept the obli	igations of the position.	
	Signature of New	Registered Agent, if changing	<u> </u>	

Page 1 of 4

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

E.	If amending or adding (attach additional sheets,	additional Arti	cles, enter chan	ge(s) here:				
	(attach additional sheets,	, if necessary).	(Be specific)					
N	N/A							
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The date of each amendment(s) ac date this document was signed,	option: OCTOBER 21, 2018 OF CORRECTION to ther than the
Effective date if applicable:	option: OCTOBER 21, 20/MISION OF CORREST of other than the OCTOBER 21, 20/H15 FEB - 6 AM 9: 55 (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	opted by the members and the number of votes east for the amendment(s)
There are no members or mem adopted by the board of direct	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated	
Signature	<u> </u>
have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Darin Mo	Murray
Director/	(Typed or printed name of person signing)
	(Title of person signing)