

N14000003226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

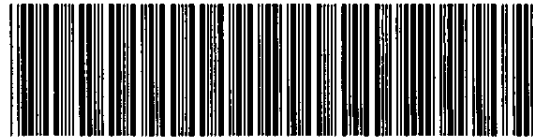
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
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

VERANDA II AT TREVISO BAY CONDOMINIUM ASSOCIATION, INC.

15 FEB -6 AM 9:55

(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)

5284 Paylor Lane

(Florida street address)

New Registered Office Address:

Sarasota

(City)

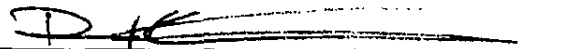
, Florida

34240

(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

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:
date this document was signed.

OCTOBER 21, 2014

SECRETARY OF STATE
DIVISION OF CORPORATION

if other than the

Effective date if applicable:

OCTOBER 21, 2014
(no more than 90 days after amendment file date)

15 FEB -6 AM 9:55

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)