N1400005745

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL .
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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<u>, </u>		

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SECNE VESEE FLORIDA

Amend 10127,15



January 12, 2015

MELANIE STONE BUCCANEER INN CONDO ASSOCIATION INC 111 CHARLES STREET BREWSTER, MA 02631

SUBJECT: BUCCANEER INN CONDO ASSOCIATION INC

Ref. Number: N14000005795

We have received your document for BUCCANEER INN CONDO 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 current name of the entity is as referenced above. Please correct your document accordingly. One

Please check the appropriate box on the amendment form regarding the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 315A00000606

thanks by your help-Thanks by your help-Store

C. 508-364-1015

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

Buccan	meec	Jun Conde	a anno	atim T	
(Name of Corporation as currently file	led with the Flor	rida Dept. of State)		axian 12	ζ,
N14220003	CARC				
F-(Docume	nt Number of Co	rporation (if known)			
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:		s, this <i>Florida Not For Pro</i>	fit Corporation add	opts the following	g
A. If amending name, enter the new name	of the corporation	on:	• •	,	i Ž
		WA		The new	,
name must be distinguishable and contain the "Company" or "Co." may not be used in the	word "corporate	ion" or "incorporated" or	the abbreviation "(Corp." or "Inc."	
		06/1			
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE			.		
<u></u>	,				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		4/1	- Buccaseer	-In Conde	Arrolati I
(muning datatess MAI BE /11 OSI OII	<u>IÇE BOX</u>)	1 3 (1)	11 -	<u></u>	1000-100-22
		CIO WIIIS	Mymmel		• • • • • • • • • • • • • • • • • • • •
		Cro Will. Po Box 740	St Janes	CHY, FL	33956
D. If amending the registered agent and/or new registered agent and/or the new reg			r the name of the		
		10 (/ 1/) =			
Name of New Registered Agent:	<u>.</u>		<u>.</u>		
_		(27)			
New Registered Office Address:	((Florida street address)			
			Planta.		
	(City)		_, Florida	ip Code)	
N. D. Land M. at Cl. 10			, ,		
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ging Registered . I agent. I am fan	<u>Agent:</u> niliar with and accept the o	bligations of the po	osition.	
	WIA	•			
Si	ignature of New I	Registered Agent, if changi	ng		·
	1	Page 1 of 4		720 201	
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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 <math>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	<u>V</u> <u>Mi</u>	un <u>Doe</u> ke Jones ly Smith	:
Type of Action (Check One)	<u>Title</u>	Name	Address
1) K Change	T	Adele Jacobson	2219 E. Marcia Street
Add Remove			INVERNESS FL 344531
2) Change Add	<u></u>	Willis O Humner	POBOX 740 St James City FL
Remove 3) Change	•		33956
Add			
4) Change			
Remove			. 11 (12.27)
5) Change Add			
Remove			
6) Change Add			
Remove			

If amending or adding additional a (attach additional sheets, if necessar)	y). (Be specific,	1				
•		NIA) 			
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The date of each amendment(s) adoption: 1. Value this document was signed.	if other than the
Effective date if applicable: (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.	
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)	le die Inc
Melanie Stone (Typed or printed name of person signing) President (Title of person signing)	