## N14223

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C/ 2/23/2023

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

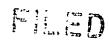
Tallahassee, FL 32314

NAME OF CORPORATION:	Apartment Association		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Elizabeth Recca			
	(Name of Contact	Person)	
Space Coast Apartment Association, Inc.			
<del></del>	(Firm/ Compa	ny)	
1025 Marion Oaks Ct.			
	(Address)	<del></del>	
Altamonte Springs, FL 32701			
	(City/ State and Zi	p Code)	
chelsea@scaafl.org			
E-mail address: (to	be used for future annual r	eport notification	n)
For further information concerning this matter,	please call:		
Chelsea Burn	:	321 at	615-2572
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount r	made payable to the Florida	a Department of	State:
■ \$35 Filing Fee □ \$43.75 Filing F Certificate of \$		Certif v is Certif (Addi	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	Street Address Amendment Sect Division of Corp The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Space Coast Apartment Association, Inc.

2022 DEC -1 PM 5: 14

(Name of Corporation as currently filed with the	<u>e Florida L</u>	Jept. of State)		ر زر کار کار	5717
N14223				TALL	wasee, fil
(Docum	nent Numb	er of Corporation (i	fknown)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not</i>	For Profit Corpo	oration adopts	the following
A. If amending name, enter the new name of the	e corporati	ion:			
					The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corporai <u>e</u> .	tion" or "incorpora	ted" or the abbr	eviation "Corp	o." or "Inc."
3. Enter new principal office address, if applica	ıble:	3262 Casare Drive	:		
Principal office address MUST BE A STREET A		Melbourne, FL 32	2940		
					<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	PO Box 411176			
		Melbourne, FL 32	941		
If amending the registered agent and/or reginew registered agent and/or the new register			ia, enter the nar	me of the	
Name of New Registered Agent:	Chelsea B				
Name of New Registered Agent.	3262 Casa	re Drive			
<u>New Registered Office Address:</u>			(Florida street addre	PSS)	
	Melbourn	e		. Florida 3294	10
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing I	Registered	Agent:			
hereby accept the appointment as registered agen	t. I am far	nitiar with and acce	ept she obligation	s of the positio	n.
_	V St	gnature of New Reg	istered 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	PT         John Do           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Rog. Ag	Elizabeth T. Recon	1025 Marion Oaks Ct. Altamonte Springs, FL 32701
x Remove			
2) Change Add			
Remove 3 ) Remove  X Add Remove	Rog. Ag	Chelsea Burn	3262 Casare Drive Mclbourne, FL 32940
4) Change Add	Director	Elizabeth T. Recca	1025MarionOaksCt Altamonte Springs, FL 32701
<ul> <li>x Remove</li> <li>5) Change</li> <li>x Add</li> </ul>	Director	Chelsea Burn	3262 Casare Drive Melbourne, FL 32940
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

** **	
	<del></del>
	<del></del>
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cost for the amendment(s) was/were sufficient for approval.	

Dated	11/7/22
Dated	
Signaturd <sup>e</sup>	Slie smith (1) (7, 2022 11 48 EST)
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)
	Julie Smith
	Julie Smith
	Julie Smith