N150001795

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2017 SEP 25 FR 4: 59

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: SPVB	Marine	Turtle	Patre	1 Inc
DOCUMENT NUMBER:	N150	PT100001	5		
The enclosed Articles of Am	nendment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Melo	Name of Contact Perso	avanaua	,\~	
	(Name of Contact Perso	en)		
<u>-</u>	SPVB	(Firm/ Company)	e Turti	e Pa	trol Inc
·- <u></u>	323	(Address)	rcle		
		(Address)			
	Ponte	Vedra S City/ State and Zip Coo	3 each i	FL	32082
	(1	City/ State and Zip Coc	le)		
	mzoec	avan aug!	hadgma	ail. co	3m
E	-mail address: (to be used I	or future annual report	notification)		
For further information conc	erning this matter, please c	all:			
0	~				
	(Name of Contact Person)	<u>avanauagi</u>	rea Code) (Dayti	ol - 60	<u>ا ماد</u> - <u>ماد</u> - <u>ماد</u> ابد Number
				inic retephon	e Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	artment of State:		
₩ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Certificate of Certified Cop (Additional C Enclosed)	Status Y	
Mailing A			Address		
Amendment Section Division of Corporations			dment Section on of Corporations		
P.O. Box	6327	Clifton	n Building		
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, Fl. 32301



September 5, 2017

MELANIE Z. CAVANAUGH 253 GULL CIRCLE PONTE VEDRA BEACH, FL 32082

SUBJECT: SPVB MARINE TURTLE PATROL INC.

Ref. Number: N15000001795

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

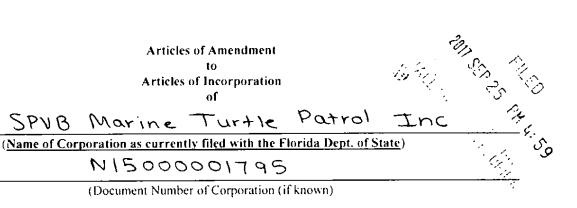
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 317A00018284

and a service of the services

Articles of Amendment



N15000001795

(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
nla	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	390 Ocean Forest Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	St. Augustine, FL 32080
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	390 Ocean Forest Drive
	390 Ocean Forest Drive St. Augustine, FL 32080
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	ldress)
Name of New Registered Agent:	Melanie Z. Cavanough
New Registered Office Address:	390 Ocean Forest Drive (Florida street address)
_	. Augustine, Bloods 32080
	. Augustine, Florida 32080 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fan	
1	ne say Melani &. Cavanay
Sig	gnature 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 X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Patty Smith-Lab	ye 145 Turtle Cove Ct
<u>×</u> Add			Pante Vedra Beach
Remove			32089 Fr
2) Change	D	Scott Eastman	924 Windward Way
X Add			St. Augustine, FL
Remove			<u> 32080</u>
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
	
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The date of each amendment(s) adoptions date this document was signed.	:	819117	, if other than the
Effective date if applicable:	no more than 9	8 9 7 10 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen		pplicable statutory filing requirements, this di ords.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)	
The amendment(s) was/were adopted to was/were sufficient for approval.	by the members	and the number of votes cast for the amendn	nent(s)
☐ There are no members or members ent adopted by the board of directors.	itled to vote on	the amendment(s). The amendment(s) was/v	vere
Dated8	19117		
Signature N	Janie 6	con	
	ted, by an inco	of the board, president or other officer-if dire rporator – if in the hands of a receiver, trusted that fiduciary)	
	helanie	T. Cavanaush or printed name of person signing)	
	(Typed	or printed name of person signing)	
	Pr	resident (Title of person signing)	
		(Title of person signing)	