Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone : (770)777-2091

Fax Number

: (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN BAYSIDE COMMUNITY ASSOCIATION, INC.

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TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, F3, 32314

COVER LETTER

NITY ASSOCIATION	, INC.	
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mitted for filing.		
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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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·	Articles of Amendment	
	to	, or
Ai	rticles of Incorporation of	777.77 371
BAYSIDE COMMUNITY ASSOCIATION, INC.	-	
(Name of Corporation as co	urrently filed with the Florida Dept. of State)	
		270 C
(Document)	Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida S	Statutes, this <i>Florida Not For Profit Corporation</i>	r adopts the following
amendment(s) to its Articles of Incorporation:		
A. If amending name, order the new name of the cor-	noration:	
		The new
name must be distinguishable and contain the word "coi" "Cumpany" or "Co," muy not be used in the name.	rporation" or "incorporated" or the abbreviatio	n "Corp." or "Inc."
Committy of Co. Hitty was be used in the filme.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	VEGG \	·
(Fruncipul Office unaress arest BE A STREET ADDA	(215)	
	AND THE PROPERTY OF THE PROPER	Margagogogogo Wingdon - Anno - Labar Athan Marketti (Marian)
C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)	·	
	•	
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registered of	(fice address)	
Name of New Registered Agent:		
New Registered Office Address:	(Florida stres) address)	
	, Flori	da p Code)
		D LIVING Y
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I c	tered Agent: am familiar with and accent the obligations of th	e nosition
		- pusition
via amenina de la compansión de la compa	Signature of New Registered Agent, if chang	ing

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 = Treusurer; 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, SY as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>V2</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VTD	Andrew Miller	551 North Cattlemen Road
Add			Suite 200
XX			Sarasota, Fl. 34232
2) Change	VTD	Dave Truxton	551 North Cattlemen Road
XX Add			Suite 200
Remove			Sarasote, FL 34232
3) Change		gar agan - and an ephilistra and a significant a	
Add			
Remove			
4) Change			
Add			
Кетоус			
5) Change			
Add			Control of the contro
Remove			
δ) Change			
Add			
Remove			
		Page 7 of 4	

If amending or adding additional sheets, if nec	essary). (Bu specific)		
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Page 3 of 4

The date of each amendment(s) late this document was signed.	adoption:	if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file dats)	
Note: If the date inserted in this blocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) wal.	
There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
05/27/20 Dated	15	
Signature	W2 13-M_	
(By the ch have not i	airman on view chairman of the board, president or other officer-if directors been felected, by an incorporator — if in the hands of a receiver, trustee, or a appointed fiduciary by that fiduciary)	
Antho	ny J. Burdett	
	(Typed or printed name of person signing)	
Presid	ent	
**************************************	(Title of person signing)	