N16000009776

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

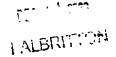




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COVER LETTER .

TO: Amendment Section Division of Corporations

Bayside Cot NAME OF CORPORATION:	tages Homeowners Ass	ociations, Inc	-	
N16000009776 DOCUMENT NUMBER:		<u> </u>		
The enclosed Articles of Amendment and fee	are submitted for filing	•		
Please return all correspondence concerning t	his matter to the follow	ing:		
Ashley Badini St. Clair				
	(Name of Cont	act Person)	·	
c/o Bayside Cottages Homeowners Associati	on, Inc.			
	(Firm/ Cor	npany)		
PO Box 561382				
	(Addre	:ss)		
Rockledge FL 32956				
	(City/ State and	d Zip Code)		
badiniaj@gmail.com				
E-mail address: (to	be used for future annu	ial report not	ification)
For further information concerning this matte	r, please call:			
Heather Wells		321 at		735-8331 ext. 101
(Name of Contac	t Person)		Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Fl	orida Departi	nent of	State:
■ \$35 Filing Fee		РУ	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations		Street Ad Amendme Division o	nt Secti of Corpe	prations

P.O. Box 6327 Tallahassec, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

October 18, 2020

ASHLEY BADINA ST. CLAIR P.O. BOX 561382 ROCKLEDGE, FL 32956

SUBJECT: BAYSIDE COTTAGES HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N16000009776

We have received your document for BAYSIDE COTTAGES HOMEOWNERS 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 designation of the registered agent must be at a Florida street address.

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.

Letter Number: 820A00020570

Irene Albritton Regulatory Specialist II

www.sunbiz.org

TO DO DOM SOOT THE STATE OF THE

Articles of Amendment to Articles of Incorporation of

Bayside Cottages Homeowners Association, Inc.		
(Name of Corporation as currently filed with the l	<u> Iorida Dept. of State)</u>	
N16000009776		
(Docume	nt Number of Corporation (if known)	- ;
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Co	prporation adopts the "to "ng"
A. If amending name, enter the new name of the c	orporation:	
n√a		The ne.
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the al.	breviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		n Circle FL 32955
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	PO Box 561382 Rockledge FL 32956	
D. If amending the registered agent and/or regists new registered agent and/or the new registered		name of the
Α	Ashley Badini St. Clair	
<u>Name of New Registered Agent:</u> 2 P	O Par 561382 970 NEWHO	on circle
New Registered Office Address:	(rioriaa sireel ud	0079551
<u>R</u>	ockledge (Ciņ)	, Florida = 2295(
New Registered Agent's Signature, if changing Re-	gistered Agent:	
I hereby accept the appointment as registered agent.		ain

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 Ju SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add	<u>P.</u>	BARKER, THOMAS	
X Remove			
2) Change Add	<u>VP</u>	CHAMPLIN, NOAH	
X Remove Change X Add Remove	<u>P</u>	ST. CLAIR, ASHLEY BADINI	PO Box 561382 Rockledge FL 32956
4) Change	<u>VP</u>	COMER, JASON	PO Box 561382 Rockledge FL 32956
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
n/a			

•		
<u></u>		
	if other than	tha
The date of each amendment(s) adoption:date this document was signed.	, it office man	uic
Effective date if applicable: (no more than 90 days after an	nenament tile date)	
Note: If the date inserted in this block does not meet the applicable statut	ory filing requirements, this date will not be listed as the	
document's effective date on the Department of State's records.		

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

• • • •	9/3/2020
Dated	
Signatur	ashles 87 laur
	(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)
	Ashley Badini St. Clair
	(Typed or printed name of person signing)