

| (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: |
| |
| |
| |

Office Use Only



900294501799

01/23/17--01025--013 **43.75

17 JAN 23 AN 10: 3

NC

JAN 26 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: RTO Del MAR CONDO ASS. 116 INC | | | | | |
|---|--|--|--|--|--|
| DOCUMENT NUMBER: N 1 200 00 00 215 | | | | | |
| | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| JANGE Johnson | | | | | |
| (Name of Contact Person) | | | | | |
| | | | | | |
| (Firm/ Company) | | | | | |
| 204 Island Green Orive (Address) | | | | | |
| (Address) | | | | | |
| St. Augustine, Fl. 32092 (City/ State and Zip Code) | | | | | |
| (City/ State and Zip Code) | | | | | |
| JANIKE Treatfor @ Att. Net | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Kc Kelber # 904-824-5>40 | | | | | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed) | | | | | |
| Mailing Address Street Address | | | | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | | | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | | | | |

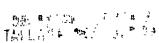
Taliahassec, FL 32301

Articles of Amendment to

17 JAN 23 AH 10: 36

等的 **等**為

to
Articles of Incorporation
of



| | MSSSCIANICUS 116 DAC | | | |
|---|---|--|--|--|
| N170000 | · | | | |
| Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation: | tatutes, this Florida Not For Profit Corporation adopts the following | | | |
| | ndo No Seven Association, Inc | | | |
| name must be distinguishable and contain the word "cor <u>"Company" or "Co." may not be used in the name</u> . | poration" or "incorporated" or the abbreviation "Corp." or "Inc." | | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR | SAME As before | | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Same as before | | | |
| D. <u>If amending the registered agent and/or registered</u> | l office address in Florida, enter the name of the | | | |
| new registered agent and/or the new registered of | fice address: | | | |
| Name of New Registered Agent: | Some 4s before | | | |
| | (Florida street address) | | | |
| New Registered Office Address: | Some Florida | | | |
| | (City) (Zip Code) | | | |
| New Registered Agent's Signature, if changing Regist | | | | |
| thereby accept the appointment as registered agent. Ia | um familiar with and accept the obligations of the position. | | | |
| | | | | |
| Signature of New Registered Agent, if changing | | | | |

| The date of each amendment(s) adoption date this document was signed. | n: January | 16,2017 | , if other than the |
|--|-----------------------------------|--|------------------------|
| Effective date <u>if applicable</u> : | ino more than 90 days after an | DOI \ nendment file date) | <u> </u> |
| Note: If the date inserted in this block do document's effective date on the Departm | es not meet the applicable statut | | l not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/were adopted was/were sufficient for approval. | I by the members and the numbe | er of votes cast for the amendment(s) | |
| There are no members or members e adopted by the board of directors. | ntitled to vote on the amendmen | d(s). The amendmend(s) was/were | |
| Dated JAMA | 14 18,2013 | | |
| Signature | Kelser | | |
| have not been sel | | resident or other officer-if directors the hands of a receiver, trustee, or | |
| | Kc Kelbez | | |
| | (Typed or printed nam | e of person signing) | |
| | Vice Presid | ent | |
| | (Title of ne | rrann gionino) | |