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Division of Corporations Coastal Cottages Homeowners Association 4 NAME OF CORPORATION: N170000002573 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marcia S. Sergent (Name of Contact Person) (Firm/ Company) 1431 Coastal Oaks Drive (Address) Fernandina Beach, FL 32034 (City/ State and Zip Code) sergentmarcia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 256-0020 504 Marcia S. Sergent (Area Code) (Daytime Telephone Number (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

At ticles of Amendment

to
Articles of Incorporation
of
COASTAL COTTAGES HOMEOWNERS ASSOCIATION 13

(Name of Corporation	as current	ly filed with the Florida D	ept. of State)
N17000002573			
(Docum	nent Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not For Prof</i>	Tit Corporation adopts the fo
A. If amending name, enter the new name of the N/A	e corporatio	on:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporated" or t	he abbreviation "Corp." or
0.11	_	N/A	
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			
		18/4	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	ROX)	N/A	
<u></u>	<u>, (7, 14, 1</u>)	·	=:0
	•		54·1
			;>-
). If amending the registered agent and/or regis	tered office	e address in Florida, enter	the name of the
new registered agent and/or the new registere	ed office ad		
Name of New Registered Agent:	N/A		() () () () () () () () () ()
			7
N. D. C. LOSS ALL		(Florida st	reet address)
New Registered Office Address:	N/A		
			, Florida
		(City)	(Zip Code)
lew Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	t <mark>egistered A</mark> . I am fam	gent: iliar with and accept the ob-	ligations of the position.
	Sig	nature of New Registered A	gent, if changing

Page 1 of 4

Executive Officer: CF0 held. President, Treasi	0 = Chief Finan urer, Director w		e than one title, ust the jirst teller of ec
Changes should be not a change, Mike Jones Mike Jones, V as Rem	leaves the corpo	ing manner. Currently John Doe is listed as tration, Sally Smith is named the V and S. The mith, SV as an Add.	the PST and Mike Jones is listed as these should be noted as John Doe, PT a
Example: X Change X Remove X Add	$\underline{\underline{V}}$ $\underline{\underline{M}}$	hn Doe ike Jones dly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
511	D	BEARD, WIRT AJR.	PO Box 1987
1) Change			YULBE FL 32041
Add X Remove			
Kemove	D	HOWELL, WILLIAM R II	PO BOX 1987
2) Change			YULEE FL 32041
Add			
Remove	D	HOWELL, PATRICK A	PO BOX 1987
3) Change			YULEE FL 32041
Add X			
Remove	l>	MARCIA S. SERGENT	 1431 COASTAL OAKS DRIV
4) Change			FERNANDINA BEACH FL 320
Add			
Remove			1552 COASTAL COTTAGELA
5) Change		PAGE HOLMQUIST	FERNANDINA BEACH FL 320
X Add			- I I INGA NIZIO
Remove			
() Charrie	ST	ALFRED HOMER IRWIN	1560 NECTARINE STREET
6) Change X Add			FERNANDINA BEACH FL326
Aud Remove			
		Page 2 of 4	

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CE

If allegining the officers and or process.

(Attach additional sheets, if necessary)

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title;

(attach additional sheets, if necessary). (Be specific)				
N/A				
	_			
	_			
	•			

date this document was signed. SEPTEMBER 23, 2019	
Effective date if applicable: (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 liste
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
SEPTEMBER 23, 2019	
Dated	
Signature (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)	
MARCIA S. SERGENT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	