N 1800004407

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SECRETARY OF STAT

C. GOLDEN AUG 2 3 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	nium Association of Brevard, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	(Name of Contact Person)
	(Firm/ Company)
Mosley & Wallis, PA	· · · · ·
1221 E. New Haven Ave.	
Melbourne, FL 32901	(Address)
	(City/ State and Zip Code)
Kathiv Om F-mail address: (10 be u	w law. (om sed for future annual report notification)
For further information concerning this matter, please Kathleen Van Meir	ase call: at (321) 984-3842 (Area Code) (Daytime Telephone Number)
(Name of Contact Pers	son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	& 🗆 \$43.75 Filing Fee & — \$52.50 Filing Fee us Certified Copy (Additional copy is enclosed) — \$ (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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Abacos Condominium Association of Brevard, Inc. SECRETARY OF STATE TALLAHASSEE, FL (Name of Corporation as currently filed with the Florida Dept. of State) N18000004407 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida ___ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature 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	<u>y</u> <u>Mik</u>	n Doe e Jones y Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	S	Mary Manger	1684 W. Hibiscus Blvd.	
Add			Melbourne, FL 32901	
X Remove				-
2) Change	S	Denise Diaz	1684 W. Hibiscus Blvd.	_
X Add			Melbourne, FL 32901	
Remove				
3) Change				_
Add				-
Remove				
4) Change				-
Add				
Remove				_
5) Change				_
Add				-
Remove				
6) Change				_
Add				-
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
FEIN 83-1079939					
			<u> </u>		
					
		,			
		-			
			-		
					

The	he date of each amendment(s) adoption:	, if other than the
	ate this document was signed.	
Effe	ffective date <u>if applicable</u> :	
	(no more than 90 day:	s after amendment file date)
Not doc	ote: If the date inserted in this block does not meet the applica boument's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as the
Ado	doption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the was/were sufficient for approval.	ne number of votes cast for the amendment(s)
≡	There are no members or members entitled to vote on the ar adopted by the board of directors.	nendment(s). The amendment(s) was/were
	Dated	
	Signature	
	(By the chairman or vice chairman of the have not been selected, by an incorporate other court appointed fiduciary by that find the second sec	board, president or other officer-if directors or — if in the hands of a receiver, trustee, or duciary)
	(Typed or pri	9) (1-2
	(Typed or pri	nted name of person signing)
	President	. <u></u>
	Γ)	itle of person signing)