N1800005696

(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:





900314385359

06/13/13--01006--026 **35.00

JUN 25 PH "4: 0" CRETARY OF STATE LAHASSEE, FLORID

JUN 2 5 2018 S. YOUNG



June 14, 2018

WENDY LOVETT 2653 ISABELLA BLVD UNIT 3 JACKSONVILLE BEACH, FL 32250

SUBJECT: OCEAN BREEZE OF SOUTH JACKSONVILLE BEACH

TOWNHOMES INC

Ref. Number: N18000005696

We have received your document for OCEAN BREEZE OF SOUTH JACKSONVILLE BEACH TOWNHOMES 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 registered agent must sign accepting the designation.

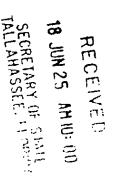
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Signed process.
Please process.

Letter Number: 618A00012392



TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ocean	Breze of Son	th Jacksonville	Beach Townhou
DOCUMENT NUMBER: N180000	05696		
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Wendy lovett			
Wendy Lovett	(Name of Contact Person)	
A//A			
	(Firm/ Company)		
Jacksonville Beach, 1 Nove 166 Cgr	Unit 3		
	(Address)		
Jacksonville Beach	FZ 32250		
	(City/ State and Zip Code	2)	
nwlove 166 Cgr	mail. COM		
E-mail address: (to be used	for future annual report i	notification)	
For further information concerning this matter, please	call:		
Ano loe	at	904 - 571 -	8258
Ana Lee (Name of Contact Person	(Ar	904 - 571 - rea Code) (Daytime Telep	phone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		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

Ocean Brieze of South Jacksonville Beach Townhomes, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N1800005696
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The new
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) Jacksonville Beach, FL 32250
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Jacksonville Beach, FL 32250
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: Wendy Lovett 2653 Isabella Blvd Unit 3
New Registered Office Address: Jacksonille Beach Florida 32.250 (City) (Zip Code)
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 Signature of New Registered Age
Page I of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a	nd
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; CE() = Chief Executive Officer; CF() = 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		Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1)	P	Wendy	Lovett	2653 Isabella Blvd Unit 3 Jacksonsille Beach, FL 32250
2) Change				
Add				
3) Change				
Remove				
4) Change				
Remove				
Add				
Remove 6) Change				
Add	-			
Remove				

iach adaitemai sneet	additional Artic s, if necessary).	(Be specific)				
				<u> </u>		
			 	<u> </u>		
		<u>-</u>	 			
			 <u>-</u>			
			 			-
			 			
		<u>.</u>	 	<u> </u>		
		_	 			
-						
			 			_
			 		 	
			 			

The date of each amendment(s) ad	loption':	, if other than
date this document was signed.	-	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will a partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	lends Povett	
(By the chai have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	(Typed of printed name of person signing)	
	(Typed of printed name of person signing)	
	President	
	(Title of person signing)	

the