N19 00000 2058

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
		MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
<u> </u>	Office Use On	



97 - FL II - II ++43,75

1202/100/100 HT



COVER LETTER

Division of Corporations
NAME OF CORPORATION: Serenity Cove Conduminium Association, Inc
DOCUMENT NUMBER: N1900002058
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dave Halley (Name of Contact Person)
Seienitz Ove Conduminium ASSOC
(Address)
Ruckledge, FL 32955 (City/State and Zip Code)
MONICIMON 55 C i cloud an E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:

at <u>32</u>. (Area Code) 288 5481 e) (Daytime Telephone Number) Hallen Darl (Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee ♣ S43.75 Filing Fee ♣ □\$43.75 Filing Fee ♣ Certificate of Status Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

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

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	Articles of Amendment	EH ED
	to	
	Articles of Incorporation of	2021 JUH - 7 PH 3: 1
Serenity Cove_	Condominium	Association, J
(Name of Corporation as currently filed with the		ent Contradict of the
	0002058	·····
	ment Number of Corporation (if kn	
Pursuant to the provisions of section 617.1006, Fk amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i> r	r Profit Corporation adopts the follow
A. If amending name, enter the new name of th	e cornoration	
Co. <u>In Formation Institution of Anna Anna</u>	K COLPTIANT	7 t
name must be distinguishable and contain the word	d "corporation" or "incorporated"	The n or the abbreviation "Corp." or "Inc
<u>"Company" or "Co." may not be used in the name</u>	- 	- 1 -
B. Enter new principal office address, if applica		an Ln.
(Principal office address <u>MUST BE A STREET A</u>	Puckledg	K. FL 32955
	Ĺ) -
C Enter new mailing address if applicable:		,
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY.BE A POST OFFICE B</u>	10 Kier	an Lin.
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY.BE A POST OFFICE B</u>	Rockledge	an Lin. , FL 329.55
C. <u>Enter new mailing address. If applicable:</u> (Mailing address <u>MAY.BE A POST OFFICE B</u>	Rockledge	an LD. , FL 329.55
(Mailing address <u>MAY.BE A POST OFFICE B</u>		
(Mailing address <u>MAY.BE A POST OFFICE B</u>	ered office address in Florida, en	
(Mailing address <u>MAY.BE A POST OFFICE B</u>	ered office address in Florida, en	
(Mailing address <u>MAY.BE A POST OFFICE B</u>). <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered	ered office address in Florida, en d office address: Dave Hall	
(Mailing address <u>MAY.BE A POST OFFICE B</u>). <u>If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent</u> :	ered office address in Florida, en d office address: Dave Hall	
(Mailing address <u>MAY.BE A POST OFFICE B</u>). <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered	ered office address in Florida, en d office address: Dave Hall	ter the name of the CY A street address)
(Mailing address <u>MAY. BE A POST OFFICE B</u>). <u>If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:</u>	ered office address in Florida, en d office address: Dave Hail 110 Kilran L	ter the name of the CY A street address)
(Mailing address <u>MAY.BE A POST OFFICE B</u>). <u>If amending the registered agent and/or registered agent and/or the new registered agent:</u> <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :	ered office address in Florida, en d office address: Dave Hail ID Kieran L (Florida Ruckledge (Ciny)	ter the name of the
(Mailing address <u>MAY. BE A POST OFFICE B</u>). <u>If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent</u> :	ered office address in Florida, en d office address: Dave Hail ID Kieran L (Florida Ruckledge (City)	ter the name of the Cy
(Mailing address <u>MAY. BE A POST OFFICE B</u>). <u>If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:</u>	ered office address in Florida, en d office address: Dave Hail ID Kieran L (Florida Ruckledge (City)	ter the name of the Cy in street address; Florida 32955 (Zip Code)
(Mailing address <u>MAY. BE A POST OFFICE B</u> . <u>If amending the registered agent and/or registered</u> <u>new registered agent and/or the new registered</u> <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : <u>w Registered Agent's Signature, if changing Reg</u>	ered office address in Florida, en d office address: Dave Hail ID Kieran L (Florida Ruckledge (Ciny) distered Agent: I am familiar with and accept the o	ter the name of the ey (i) . a street address) Florida <u>32955</u> (Zip Code) (Zip Code) (Zip Code)
(Mailing address <u>MAY. BE A POST OFFICE B</u> . <u>If amending the registered agent and/or registered agent and/or the new registered <u>Name of New Registered Agent</u>: <u>New Registered Office Address</u>: <u>WRegistered Agent's Signature, if changing Reg</u></u>	ered office address in Florida, en d office address: Dave Hail ID Kieran L (Florida Ruckledge (City)	ter the name of the CJ A street address) Florida <u>32955</u> (Zip Code) (Zip Code) (Zip ations of the position.

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, (f 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> </u>	<u>n Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Nanie	Address
1) Change Add	DP	Frid D. Boozer JR	129 W. Hibiscus Blud. Sted Nelbourne FL 32901
Remove 2) Change Add	DV	Ann M. Budzer	129 W. Hibiscus Blvd. Stco Helbourn R. 3294
X Remove 3) Change Add Remove	DTS	Fred Boozer Jr	129 With 1345 Blud. Sta
4) Change Add	<u> </u>	Dave Halley	110 Kicran 60. Rockudge, 72 32985
Remove 5) Change X. Add	T	Peter Tubertini	10 Vivan UN Locklidge, FZ 32555
 <i>R</i>emove <i>C</i>hange <i>A</i>dd 	S	Paul Rousseau	110 Kieran Ln. Rockledge FL 32955
Remove			

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

PO TANKINA

h

	<u> </u>
· · · · · · · · · · · · · · · · · · ·	

date this document was signed.

The date of each amendment(s) adoption: <u>(0.1.2021</u>, if other than the

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 listed as the document's effective date on the Department of State's records.

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.

. .

2

.

Dated



Signature

(By the charman or vice chairman of the board, president or other officer-if directors have not beep selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

President (Title of person signing)

.