## N19000009712

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PłCK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name	e)
(Doi	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	Filing Officer:	<u></u>
	J. HORNE APR 1 8 2024	
	APR 1 8 2024	<b>i</b>

Office Use Only



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Not for Profit Corporation* pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

> The original incorporators cannot be amended.

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- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- > If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

each, Inc.			
		•	_
ubmitted for filing.			
atter to the following:			
(Name of Contact Pers	son)		-
(Firm/ Company)			
(Address)			_
(City/ State and Zip Co	ode)		_
sed for future annual repo	rt notification	1)	
ase call:			
	804	245-1076	
	Area Code)	(Daytime Telephone Number)	_
payable to the Florida Do	epartment of	State:	
& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Cenif Certif (Addi	icate of Status ied Copy tional Copy is	
		ion	
	(Name of Contact Personal (Name of Contact Personal (Pirm/ Company)  (Address)  (City/ State and Zip Contact Personal (City/ State and Zip Contact Personal Persona Personal Personal Personal Personal Personal Personal Personal P	(Name of Contact Person)  (Firm/ Company)  (Address)  (City/ State and Zip Code)  sed for future annual report notification are call:  (Area Code)  payable to the Florida Department of the Company Certification (Additional copy is certification)  (Address)	ubmitted for filing.  atter to the following:  (Name of Contact Person)  (Firm/ Company)  (Address)  (City/ State and Zip Code)  sed for future annual report notification)  ase call:  at 804 245-1076  (Area Code) (Daytime Telephone Number)  payable to the Florida Department of State:  (City/ State and Zip Code)  (Area Code) (Company)

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2024 MAR 25 PM 1: 31

CC of Atlantic Beach, Inc.		2024 MAR 25 PH L:
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	21 20 14 STA
(Document	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
C.H. of the Beaches, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" o	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		<del></del>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	
D. If amending the registered agent and/or registered		ter the name of the
new registered agent and/or the new registered o	mice address:	<del></del>
New Registered Office Address:	(Floria	la street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		obligations of the position.
	Signature of New Registere	d 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	PT V SV	John De Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change Add		-		
Remove				
2) Change Add		-		
Remove 3 )	<del></del>			
4) Change Add		-	-	
Remove				
5) Change Add		-		
Remove				
6) Change Add		-		
Remove				
E. If amending or addin (attach additional shee	g additio ts, if nece.	nal Artic ssary).	cles, enter change(s) here: (Be specific)	
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The date of each amendment date this document was signed	(s) adoption: _	larch 14, 2024	if	other than the
Effective date if applicable:	March 14, 2024			
<u></u>	(no	ore than 90 days after amendment file date)		
Note: If the date inserted in the document's effective date on the		meet the applicable statutory filing requirement State's records.	s, this date will not be lis	ted as the
Adoption of Amendment(s)	( <u>C</u> 1	ECK ONE)		
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by toproval,	e members and the number of votes cast for the	amendment(s)	

Dated	March 14, 2024
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)
	Anna Silliman
	(Typed or printed name of person signing)
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