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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Coast Area Service of N	A, Inc.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	fee are submitted for fill	ing.	
Please return all correspondence concernir	ng this matter to the follo	owing:	
Jason Schatner			
	(Name of C	ontact Person)	
CCANA			
	(Firm/ C	Company)	
74 Freemont Turn			
	(Ad	dress)	
Palm Coast, FL 32137			
	(City/ State	and Zip Code)	
treasurer@coquinacoastna.org			
E-mail address	(to be used for future a	nnual report notification	n)
For further information concerning this ma	atter, please call:		
Jason Schatner		585	
(Name of Cor	ntact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amo	unt made payable to the	Florida Department of	State:
■ \$35 Filing Fee □\$43.75 Filing		Copy Certif al copy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporation	s	Street Address Amendment Sect Division of Corpo	
P.O. Box 6327	-	The Centre of T	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Coquina Coast Area Service of NA, Inc.

2021 2 1 20 7 1 7:27

(Name of Corporation as currently filed with the	Florida D	Pept. of State)	
N19000007674			
(Docum	ent Numbe	er of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" (	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	ble:	74 Freemont Turn	_
(Principal office address MUST BE A STREET A	DDRESS )	Palm Coast, FL 32137	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u> )	P.O. BOX 351283	
		PALM COAST, FL 321	35
D. If amending the registered agent and/or registered agent and/or the new registered			ter the name of the
new registered agent and/or the new registere	Timothy I		
Name of New Registered Agent:			
	259 Ocean	n Palm Dr	
New Registered Office Address:		(Florid	la street address)
The state of the s	Flagler Be	each	Florida 32136
		(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	I am fan	Agent:	obligations 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, 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 John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add	Treasure	Hernandez-Eller, ROSINA	P.O. BOX 351283 PALM COAST, FL 32135
<ul> <li>X Remove</li> <li>2) Change</li> <li>X Add</li> </ul>	Treasure	Tammi Breeden	P.O. BOX 351283 PALM COAST, FL 32135
Remove  3 ) X Change Add Remove	Presiden	Jason Schatner	P.O. BOX 351283 PALM COAST, FL 32135
4) Change Add	Secretar	RUIZ, KASEY	7 RED BARN DR. PALM COAST, FL 32164
<ul> <li>X Remove</li> <li>5) Change</li> <li>X Add</li> </ul>	Secretar	Missy Ellerbee	P.O. BOX 351283 PALM COAST, FL 32135
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.	N/A					, if other th	an the
Effective date if applicable:							
Effective date if applicable: (n	o more than 90 do	ıys after	amendmen	t file date)			
Note: If the date inserted in this block does document's effective date on the Department	not meet the appli of State's record	cable sta s.	itutory filin	g requireme	ents, this date w	rill not be listed as t	he

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	07/19/2021
Signatur	Elisar Schatzer
J	(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)
	Jason Schutner
	(Typed or printed name of person signing)
	President
	(Title of person signing)