## N22 000008184

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

REBAR NAME OF CORPORATION:	CAMP ONE COAST, I	NC.	
DOCUMENT NUMBER:	•		
The enclosed Articles of Amendment and	I fee are submitted for f	îling.	
Please return all correspondence concerni	ng this matter to the fol	llowing:	
Alexandra Griffin			
	(Name of	Contact Person)	
Head, Moss, Fulton & Griffin, P.A.			
	(Firm	/ Company)	
1530 Business Center Drive, Suite 4			
	(A	Address)	•
Fleming Island, FL 32003			
	(City/ Stat	e and Zip Code)	-
agriffin@hmfglaw.com			
E-mail address	s: (to be used for future	annual report notification)	<del></del>
For further information concerning this re	natter, picase call:		
Alexandra Griffin		904-541-4515 at	10
(Name of Co	entact Person)	(Area Code) (Daytin	ne Telephone Number)
Enclosed is a check for the following am	ount made payable to th	ne Florida Department of State:	۰,۰  انک
■ \$35 Filing Fee □\$43.75 Fi Certifica	te of Status Certifie	d Copy Certificate of Stonal copy is Certified Copy	ec
	¢11¢103¢	Enclosed)	سے ( )

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 to Articles of Incorporation of

REBARCAMP ONE COAST, INC.

(Name of Corporation as currently filed with the Flor	ida Dept. of State)		•
N22000008184			
(Document N	lumber of Corporation (in	f known)	-
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corp	ogration;		
	<i>H</i> (c)	. 19	The new
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration or incorpora	iea or the appreviation Corp. o	r inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	<u>ESS</u> )		
		<u> </u>	<del></del>
	<del></del>	<u> </u>	•
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 Flori	da, enter the name of the	
new registered agent and/or the new registered off	fice address:		. <sub>წ</sub> -ა
Name of New Registered Agent:			<u> </u>
		(Et. Mars et al. 1)	· ;
New Registered Office Address:		(Florida street address)	10
		, Florida	
	(City)	(Zip Code)	ွှ
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		ept the obligations of the position.	
<del></del>	Signature of New Rex	ristered 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	Y Mik	n Doe te Iones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>v</u>	Cari Knapp	3187 Noble Ct. Green Cove Springs, FL 32043
Remove 2) Change	<u>s</u>	Kim Sandberg	193 Paradise Valley Ponte Vedra, FL 32081
Remove 3)	<u>T</u>	Jennifer Tossavainen	2410 Country Club Blvd Orange Park, FL 32073
4) Change Add	<u>T</u>	Mario Gonzalez	
x Remove  5) Change Add	<u>sv</u>	Sonny Downey	
<ul> <li>Remove</li> <li>Change</li> <li>Add</li> </ul>		<del></del>	
E. If amending or additional she	ng additional . ets, if necessary	Articles, enter change(a) here: y). (Be specific)	

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The date of each amendment date this document was signed						, i1	other than the
Effective date if applicable:	08/08/2022						
District of Figures 2	(no	more than 90 d	ays after amend	dment file da	te)		
Note: If the date inserted in the document's effective date on t	his block does n the Department	of meet the appl of State's record	licable statutory is.	filing requir	ements, this date	e will not be l	isted as the
Adoption of Amendment(s)	<b>U</b>	CHECK ONE)					
The amendment(s) was/was/were sufficient for a	vere adopted by pproval.	the members ar	nd the number o	of votes cast f	or the amendme	nt(s)	

 There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
Dated	08/08/2022				
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)				
	Kim Knepp				
	(Typed or printed name of person signing)				
	Trsi clent (Title of person signing)				