139750

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COVER LETTER

TO: Amendment Section Division of Corporations

NATURE COAST LODGE #2	:502, INC.
N39750 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for f	filing.
Please return all correspondence concerning this matter to the fol	llowing:
SHEILA M. COLLETTI	
(Name of	Contact Person)
NATURE COAST LODGE #2502, INC.	
(Firm	/ Company)
9254 SCEPTER AVENUE	
(A	Address)
BROOKSVILLE, FL 34613	
(City/ State	e and Zip Code)
SCOLLETTI@TAMPABAY.RR.COM	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
SHEILA M. COLLETTI	352 597-4596 at
(Name of Contact Person)	(Arca Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee \& \bigcup \$43.75 Filing Fee \&	l Copy Certificate of Status nal copy is Certified Copy

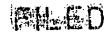
Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NATURE COAST LODGE #2502, INC	mhse 400 11 50 6: 16			
(Name of Corporation as curren	tly filed with the Florida Dept. of State			
N39750	NUMBER OF STREET			
(Document Numb	er of Corporation (if known)			
	es, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corporat	ion:			
N/A/				
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	The ne tion" or "incorporated" or the abbreviation "Corp." or "Inc.			
B. Enter new principal office address, if applicable:	9254 SCEPTER AVENUE			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BROOKSVILLE, FL 34613			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POST OFFICE BOX 5232 SPRING HILL, FL 34611-5232			
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	e address in Florida, enter the name of the			
Name of New Registered Agent: SHEILA	M. COLLETTI			
9254 SCE	9254 SCEPTER AVENUE, BROOKSVILLE, FL 34613			
New Registered Office Address:	(Florida street address)			
BROOKS	VILLE , Florida 34613			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent; niliar with and accept the obligations of the position. My Company of New Registered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DS	TARANTINO, FRANK	123390 GLEN HAVEN STREET
Add			SPRING HILL, FL 34609
X Remove			
2) Change	DT	LUCIANO, IDA	2100 HILLANDALE AVENUE
Add			SPRING HILL, FL 34608
X Remove			
3) Change	DS	GULOTTA, IRMA	1511 OVERLAND COURT
Add			SPRING HILL, FL 34606
X Remove			
4) Change	P	MAURER, NINA GIACONNE	7300 CLEARMEADOW DRIVE
X Add			SPRING HILL, FL 34606
Remove			
5) Change	VD	GUCCIARDO, CARMELA	12269 GENTER DRIVE
X Add			SPRING HILL, FL 34609
Remove			
6) Change	SD	COLLETTI, SHEILA M	9254 SCEPTER AVENUE
X Add			BROOKSVILLE, FL 34613
Remove			

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.

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Example: X Change X Remove A Add	<u>V Mik</u>	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	FURNARI, JOHN	6022 HUGO AVENUE
X Add			SPRING HILL, FL 34608
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		4707-00-	
Add			
Remove			
Change			
6) Change			
Add			
Remove			

E. <u>If amendi</u> (attach ada	ug or adding litional sheet	s, if necess	ary). (Be	specific)	(e(s) <u>Dere</u> :					
N/A										
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		22 FEBRUARY 2018	
	e date of each amendment e this document was signed	(s) adoption:	_, if other than the
	ective date <u>if applicable</u> :	22 MARCH 2018	
		(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in the ument's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Add	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
	Dated	PRIL 2018	
	Signature	Nin Deace one Maurer	_
	have n	chairman or vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	NII	NA GIACONNE MAURER	
		(Typed or printed name of person signing)	
	PR	ESIDENT Mina Graceone Maurer (Title of person signing)	