N41570

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500333102495

08/15/19--01015--032 **35.00

SECRETARY OF STATE SECRETARY OF STATE

AUG 2 1 2018 T. LEWELY

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATIO	Sunny Sands Residen S:	ts Association, Inc.		*
DOCUMENT NUMBER: _	41570			
The enclosed Articles of Ame				
Please return all corresponden	ce concerning this matter	to the following:		
Judith A. Shaulis, President				
	(Name of Contact Perso	on)	
		(Firm/ Company)		· · · · · · · · · · · · · · · · · · ·
302 Oak Street				
	-	(Address)		
Pierson, FL 32180				
	(City/ State and Zip Coo	de)	
23heyjude777@gmail.com				
E-1	nail address: (to be used	for future annual report	notification)
For further information concer	ning this matter, please c	all:		
Judith A. Shaulis			04	671-5843
(?	Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida Dep	partment of	State:
S35 Filing Fee	□S43.75 Filing Fee & E Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)
Mailing Ad	dress	Street	Address	

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

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

Articles of Amendment to

Articles of Incorporation of

	FILEU
rently filed with the Florida De	pt. of State)
	2819 AUG 15 P 2:35
umber of Corporation (if known)	SECRETARY OF STATE
itules, this <i>Florida Not For Profi</i>	i Gatpo kin im Patio pi s the 1010 Wing
ration:	
	The new
oration" or "incorporated" or th	ne abbreviation "Corp." or "Inc."
n/a	
<u>SS</u>)	
	
302 Oak Street.	
Pierson, FL 32180	
_	
office address in Florida, enter	the name of the
ce address:	
(Florida str	vet address)
	, Florida
(City)	(Zip Code)
red Agent:	
n familiar with and accept the obt	ligations of the position.
Signature of New Registered 4	cont if abancino
	imber of Corporation (if known) itutes, this Florida Not For Profit ration: oration or "incorporated" or the n/a SS) 302 Oak Street. Pierson, FL 32180 office address in Florida, entertee address: (Florida su (City) red Agent: In familiar with and accept the obtained

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>V</u> <u>Mi</u>	<u>in Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Sherry Smith	225 Melodie Lane
Add			Pierson, FL 32180
X Remove			
2) Change	<u>T</u>	Christine Mason	12 Lake Shore Drive
Add			Pierson, FL 32180
X Remove			
3) Change	<u>Р</u>	Judith A. Shaulis	302 Oak Street
X Add			Pierson, FL
Remove			
4) Change	<u>v</u>	Brenda Flood	116 Ridge Road
X Add			Pierson, FL 32180
Remove			
5) Change	<u>T</u>	Cathy Fontaine	227 Melodie Lane
X Add			Pierson, FL 32180
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
 -	
· · · · · · · · · · · · · · · · · · ·	
	,,————————————————————————————————————
_	
<u> </u>	

The	June 13, 2019 e date of each amendment(s) adoption:	, if other than the
	e this document was signed.	, 11 001301 (11411 1110
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
Ø	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.	
	Dated August 5, 2019	
	Signature Maul (1. Agamb)	_
	(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)	
	Judith A. Shaulis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	