

N51227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

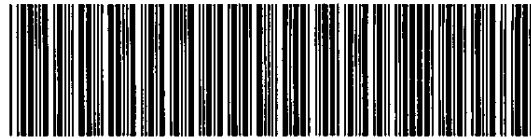
(Business Entity Name)

(Document Number)

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2016 DEC 28 PM 2:09

JAN - 4 2017

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

Martin County Plaza Association, Inc.
NAME OF CORPORATION: _____

N51227
DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Trent

(Name of Contact Person)

NAI Southcoast

(Firm/ Company)

P.O. Box 3059

(Address)

Stuart, Florida 34995

(City/ State and Zip Code)

jtrent@naisouthcoast.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Trent

772

286-6292

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2016

JENNIFER TRENT / NAI SOUTHCOAST
PO BOX 3059
STUART, FL 34995 US

SUBJECT: MARTIN COUNTY PLAZA ASSOCIATION, INC.
Ref. Number: N51227

We have received your document for MARTIN COUNTY PLAZA ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 516A00026528

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Martin County Plaza Association, Inc.

2016 DEC 28 PM 2:09

(Name of Corporation as currently filed with the Florida Dept. of State)

N51227

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

c/o NAI Southcoast

P.O. Box 3059

Stuart, Florida 34995

2055 S. KANNER HWY

34994

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

c/o NAI Southcoast

P.O. Box 3059

Stuart, Florida 34995

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Boyd D. Bradfield</u>	<u>2081 SE Ocean Blvd., Ste 2B</u>
<input type="checkbox"/> Add			<u>Stuart, Florida 34996</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Jennifer Trent</u>	<u>2081 SE Ocean Blvd, Ste 2B</u>
<input type="checkbox"/> Add			<u>Stuart, Florida 34996</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>David Michal Kremser</u>	<u>5845 SE General Lee Terrace</u>
<input type="checkbox"/> Add			<u>Stuart, Florida 34997</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Robert S. Gluckman</u>	<u>3302 SW Holly Lane</u>
<input checked="" type="checkbox"/> Add			<u>Palm City, Florida 34990</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Nelson C. Klaus, III</u>	<u>2090 SE Ocean Blvd.</u>
<input checked="" type="checkbox"/> Add			<u>Stuart, Florida 34996</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

2016 DEC 28 PM 2:10

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ 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 12/5/2016

Signature David M Kreuser

(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)

DAVID M KREUSER
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)