

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u>_</u>	Office Use Or	ly

1092-4135



07/16/18--01012--027 **35.00

FILED 2018 AUG - 3 PM 3: 28 SECRETARY OF STATE SECRETARY OF STATE

C GOLDEN AUG - 6 2018

		<u>COVER LET</u>	<u>FER</u>	
TO: Amendment Section Division of Corporation	18			
NAME OF CORPORATIO	The Anderson Gibbs			
DOCUMENT NUMBER:	N93000003307			
The enclosed Articles of Am	endment and fee are subm	utted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Angela McGough				
	((Name of Contact	Person)	
Flagler Hospital, Inc.				
		(Firm/ Comp:	ny)	
400 Health Park Blvd., And	erson Gibbs Bldg., Suite D	06		
		(Address)		
St. Augustine, Florida 3208	6			
	(City/ State and Zi	p Code)	
angela.mcgough@flaglerho	spital.org			
E	-mail address: (to be used	for future annual r	eport notificatio	on)
For further information cone	erning this matter, please c	all:		
Angela McGough			904 au	819-5233
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	rable to the Florid	a Department of	f State:
■ \$35 Fiting Fee	□\$43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fo Certified Copy (Additional cop enclosed)	Cera g îs Cert (Ade	50 Filing Fee iticate of Status iticd Copy litional Copy is losed)
P.O. Box 6	nt Section f Corporations		Street Address Amendment Sec Division of Corp Difton Building 2661 Executive Fallahassee, FL	porations ; Cemer Circle

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2018

ANGELA MCGOUGH 400 HEALTH PARK BOULEVARD SUITE 106 ST. AUGUSTINE, FL 32086

SUBJECT: THE ANDERSON GIBBS CONDOMINIUM ASSOCIATION, INC. Ref. Number: N93000003307

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Claretha Golden Regulatory Specialist II

Letter Number: 718A00015077

AUG - 3 AH II: y0 RECENT æ

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

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FILED

THE ANDERSON GIBBS CONDOMINIUM AS	SSOCIATI	ON, INC.			2018 AUG - 3	B PM	3: 28
(Name of Corporation	as curren	tly filed with	the Florida	a Dept. of State		Vor	
N93000003307					¹⁴ SEURETAR TALLAH/	(UF \SSE	STATE EFFL
(Docun	nent Numh	er of Corpor	ution (if know	wn)			•
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Floria</i>	la Not For P	Profit Corporati	<i>ion</i> adopts the fo	llowing	1
A. If amending name, enter the new name of the	corporat	<u>ion:</u>					
N/A					7	he new	,
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	•	tion" or "inc	orporated" a	or the abbrevia			
B. Enter new principal office address, if applica	blas	N/A					
(Principal office address <u>MUST BE A STREET A</u>)					
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE a</u>	<u>BOX</u>)	N/A					
		<u> </u>					
D. If amending the registered agent and/or regis	tered offi	ce address in	Florida, en	ter the name o	of the		
new registered agent and/or the new register							
Name of New Registered Agent:	Jeffrey H	urley					
	400 Heal	th Park Blvd.					•
				la street addressi		-	
<u>New Registered Office Address:</u>							
	St. Augus	stine		1:1	32086 orida		
		(Сіңу)		-	Zip Code)		
	.						
<u>New Registered Agent's Signature, if changing F</u> I hereby accept the appointment as registered agen			nd accept the	• obligations of	the position.		
-		ignature (j)	ew Registere	Agent, if cha	nging		

Page 1 of 4

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)

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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 = Trustec; 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 Doc 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mil</u>	n Doe <u>se Jones</u> ly Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Gordy, Joseph	400 Health Park Blvd.
Add			St. Augustine, FL 32086
X Remove			
2)Change	D	Jason Barrett	400 Health Park Blvd.
XAdd			St. Augustine, FL 32086
Remove			
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

 If amending or adding additional Artic (attach additional sheets, if necessary). 	(Be specific)	<u>,</u> ,		
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Page 3 of 4

	N/A
	tendment(s) adoption:, if other that
date this document w	-
Effective date <u>if app</u>	N/A Alicable:
interior date <u>in ap</u>	(no more than 90 days after amendment file date)
	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
Adoption of Amend	lment(s) (<u>CHECK ONE</u>)
The amondation	
	t(s) was/were adopted by the members and the number of votes cast for the amendment(s)
was/were suffic	ient for approval.
was/were suffic	ient for approval. embers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.
was/were suffic	ient for approval. embers or members entitled to vote on the amendment(s). The amendment(s) was/were
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was/were suffic There are no mo adopted by the Dated	ient for approval. embers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors. 7/5/2018
was/were suffic There are no mo adopted by the Dated	ient for approval. embers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors. 7/5/2018 ire

Director

(Title of person signing)