N94000004234

400274041404

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2015 JUN 22 PM 4:04

Amend

JUN 30 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CORVETTES OF CHARLOTTE County Inc.

DOCUMENT NUMBER: N94000004734

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

Please return all correspondence concerning this matter to the following:

La-VERNE J. TYLER
(Name of Contact Person)

CORVETTES OF CHARLOTTE County INC.
(Firm/ Company)

4065 LaCosta Island CT
(Address)

PUNTA Gorda FL 33950
(City/ State and Zip Code)

JAZZiGiRL46@gmail.CoM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

La-VERNE J. TYLER (Name of Contact Person) at 941 (Area Code) 833-8314 (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

Articles of Amendment
to
Articles of Incorporation
of

Corvettes of Charlotte County Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 94000004734
(Document Number of Corporation (if known))

FILED
2015 JUN 22 PM 4:04
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

NOT APPLICABLE *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)

4065 LaCosta Island CT
Punta Gorda, FL 33950

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4065 LaCosta Island CT
Punta Gorda, FL 33950

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: La-Verne J. Tyler

New Registered Office Address: 4065 LaCosta Island CT
(Florida street address)

Punta Gorda, Florida 33950
(City) *(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.

LaVerne J. Tyler
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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X Remove	Acting President	Paul Remillard	521 Grove Ave Pt Charlotte, FL 33952
2) ___ Change X Add ___ Remove	Acting President	Vito DAmico	18354 Quadrille Ave Pt. Charlotte, FL 33952
3) ___ Change ___ Add X Remove	Acting V.P.	Kathi Summers	1102 Treasure Cay CT Punta Gorda, FL 33950
4) ___ Change X Add ___ Remove	Acting V.P.	LaVerne J. Tyler	4065 Lacosta Island CT Punta Gorda, FL 33950
5) ___ Change ___ Add X Remove	Acting Secretary	Kathi Summers	1102 Treasure Cay CT PuntaGorda, FL 33950
6) ___ Change X Add ___ Remove	Acting Secretary	LaVerne J. Tyler	4065 Lacosta Island CT PuntaGorda, FL 33950

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	Acting TREASURER	CAROLyN P. STROHL	1427 PINE ISLAND CT
___ Add			PUNTA GORDA, FL 33950
X Remove			
2) ___ Change	ACTING TREASURER	MICHAEL CAPALDI	2763 BURRI TERRACE
X Add			NORTH PORT, FL 34288
___ Remove			
3) ___ Change			
___ Add			
___ Remove			
4) ___ Change			
___ Add			
___ Remove			
5) ___ Change			
___ Add			
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(attach additional sheets, if necessary). (Be specific)

NOT APPLICABLE

The date of each amendment(s) adoption: June 12, 2015, **if other than the** date this document was signed.

Effective date <u>if applicable</u>: ______

(no more than 90 days after amendment file date)

<u>Note:</u> 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) **<u>(CHECK ONE)</u>**

☐ 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.

Acting Dated June 19, 2015

Signature LaVerne J. Tyler

(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)

La-Verne J. Tyler

(Typed or printed name of person signing)

Acting Vice President

(Title of person signing)

Acting Member of the Board

Acting Secretary