## N95 CCC CCC 653

| (Requestor's Name)                      |               |
|---|---------------|
| (Address)                               | 5003389       |
| (Address)                               |               |
| (City/State/Zip/Phone #)                | 01/21/20==016 |
| PICK-UP WAIT MAIL                       |               |
| (Business Entity Name)                  |               |
| (Document Number)                       |               |
| Certified Copies Certificates of Status |               |
| Special Instructions to Filing Officer: |               |
|   |               |
|   |               |
|   |               |
|   | 1 1'          |

Office Use Only



54135

009--025 \*\*35.00

FE3 17 2020 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION:Status   | se Beach T  | ownhome Owne   | n's Associa                  |
|--|---|--|------------------------------|
| DOCUMENT NUMBER: 19  | 50000004  | 53   |                              |
| The enclosed Articles of Amendment and fee are                           | submitted for filing.   |  |                              |
| Please return all correspondence concerning this r                       | _   |  |                              |
| Sylvia (   | Orreut<br>(Name of Contact Po   | erson)   |                              |
| Sunrise Beach To   | Wyhone C<br>(Firm/Company   |  | c. Inc                       |
| 1697 D Hwy   | AIA   |  |                              |
| Salellile Bea  |   | 32937  |                              |
| SS GOMEZZ 2<br>E-mail address: (to be                                    |   |  |                              |
| For further information concerning this matter, ple                      | ease call:  |  |                              |
| Sylvia Correcti<br>(Name of Contact Per                                  | at  | 321 543  | 3 - 9846<br>elephone Number) |
| Enclosed is a check for the following amount mad                         |   | , , ,  | eiepnone Number)             |
| \$35 Filing Fee  | & \$\Bigsiz \\$43.75 \text{ Filing Fee} us Certified Copy (Additional copy i. enclosed) | Certificate of Status  |                              |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | An<br>Div   | rect Address nendment Section vision of Corporations e Centre of Tallahassee |                              |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

| Sunix Beach Townh   | once Our            | neis           | Assoc              | iation                     | Inc          |
|---|---------------------|----------------|--------------------|----------------------------|--------------|
| (Name of Corporation as currently filed with the Florid   | la Dept. of State)  |                |                    |                            |              |
| N 95 00000 (Document Nu   |                     | on (if knov    | vn)                |                            |              |
| Pursuant to the provisions of section 617.1006, Florida Sta<br>amendment(s) to its Articles of Incorporation: | tutes, this Florida | Not For P      | Profit Corpora     | tion adopts the            | e following  |
| A. If amending name, enter the new name of the corpo  | ration:             | ţ              |                    |                            | The new      |
| name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.     | oration" or "incorp | orated" o      | or the abbrevi     | ation "Corp."              | or "Inc."    |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.       | <u>ss</u> )         | ) A            |                    |                            |              |
|   |                     |                |                    | - 15 E                     | <b>3</b> n7n |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                       |                     | ) <sub>K</sub> | -                  | 10<br>10<br>10<br>10<br>10 | T   Z        |
|   |                     | <u></u>        |                    |                            | 至二           |
| D. If amending the registered agent and/or registered of  |                     | lorida, en     | ter the name       | of the                     | F            |
| new registered agent and/or the new registered office   | <u>e address:</u>   | 1              |                    |                            |              |
| Name of New Registered Agent:   | ^                   | J /t           |                    |                            |              |
| New Registered Office Address:  |                     | (Florid        | la street address) |                            |              |
|   | (City)              | A              | , F                | lorida<br>(Zip Code)       | _            |
| New Registered Agent's Signature, if changing Register  |                     |                |                    |                            |              |
| I hereby accept the appointment as registered agent. $\overline{I}$ am  | familiar with and i | 1              |                    | f the position.            |              |
|   | Signature of New    | Registere      | d dame if the      | maine                      |              |
|   | oignainte of New    | Registere      | и лует, у спа      | тхитх                      |              |

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.

| X Change                      | PT Joh                | n Doe         |                                      |
|-------------------------------|-----------------------|---------------|--------------------------------------|
| X Remove                      | <u>V</u> <u>Mil</u>   | ke Jones      |                                      |
| X Add                         | <u>SV</u> <u>Sall</u> | ly Smith      |                                      |
| Type of Action<br>(Check One) | <u>Title</u>          | <u>Name</u>   | <u>Addres</u> s                      |
| 1) Change                     | P.S                   | Diaha Clark   | 1697 A Hwy Al                        |
| Add<br>Remove                 |                       |               | Satellite Beach, FL<br>32937         |
| 2) Change                     | PS                    | Kurt Feldbush | 1697 C Hwy Ala<br>Satellite Beach FL |
| Add Remove Change             |                       |               | 32937                                |
| Add<br>Remove                 |                       |               |                                      |
| 4) Change                     |                       |               |                                      |
| Add                           |                       |               |                                      |
| 5) Change Add                 |                       |               |                                      |
| Remove                        |                       |               |                                      |
| 6) Change Add                 |                       |               |                                      |
| Remove                        |                       |               |                                      |

| •   |
|---|
| · · · · · · · · · · · · · · · · · · ·   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| Page 3 of 4   |
|   |
|   |
|   |
|   |
|   |
|   |
| The date of each amendment(s) adoption: JARUARY 3, 2020 if other than the   |
| date this document was signed.  |
| The date of each amendment(s) adoption: JARUARY 3, 2020 if other than the date this document was signed.  Effective date if applicable: JARUARY 3, 2020   |
| (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) (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.  |

| X    | There are no members or members entitled to vote on the amendment(s). | The amendment(s) was/wer |
|------|---|--------------------------|
| ., • | adopted by the board of directors.                                    |                          |

| Dated     | 1-10-                | 2020              |   |
|-----------|----------------------|-------------------|---|
| Signature | Dylina               | Conenti           | , VT  |
| hav       | e not been selected. |                   | rd, president or other officer-if directors if in the hands of a receiver, trustee, or ary) |
|           | Sylvia               | Corren            | ri  |
|           | ,                    | (Typed or printed | name of person signing)   |
| _         | Vice F               | President,        | Treasurer   |
|           |                      | (Title            | of person signing)  |