## N9500004823

| (R                      | equestor's Name)     |           |
|-------------------------|----------------------|-----------|
| (A                      | ddress)              |           |
| (A                      | ddress)              |           |
| (C                      | ity/State/Zip/Phone  | #)        |
| PICK-UP                 | ☐ WAIT               | MAIL      |
| (B                      | Business Entity Name | e)        |
| (C                      | Ocument Number)      |           |
| Certified Copies        | Certificates         | of Status |
| Special Instructions to | o Filing Officer:    |           |
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2018 JUN 25 PM 1: 01
SECRETARY OF STATE
SECRETARY OF STATE
ALL AHASSEE, FLORIE

C GOLDEN JUN 2 7 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| SU<br>NAME OF CORPORATION:             | NSAIL PROPERTY ON              | WNERS ASSO   | CIATION, IN                         | C.   |             |
|--|--------------------------------|--|-------------------------------------|--|-------------|
| N95000<br>DOCUMENT NUMBER:             | 004823                         |  |                                     |  |             |
| The enclosed Articles of Amendmen      | nt and fee are submitted (     | or tiling.   |                                     |  |             |
| Please return all correspondence con   | cerning this matter to the     | e following:                                       |                                     |  |             |
| MRS. CECILE DOLAN                      |                                |  |                                     |  |             |
| <del></del>                            | (Name                          | of Contact Per                                     | rson)                               | <del></del>  |             |
| SUNSAIL PROPERTY OWNERS                | ASSOCIATION, INC.              |  |                                     |  |             |
|  | (F                             | irm/ Company                                       | )                                   |  |             |
| P.O. BOX 6313                          |                                |  |                                     |  |             |
| · · ·                                  |                                | (Address)  |                                     |  |             |
| MIRAMAR BEACH, FL 32550                |                                |  |                                     |  |             |
|  | (City/                         | State and Zip C                                    | lode)                               |  |             |
| sunsailtreasurer@gmail.com             |                                |  |                                     |  |             |
| E-mail ad                              | dress: (to be used for fut     | ure annual repo                                    | ort notification                    | )  | <del></del> |
| For further information concerning the | nis matter, please call:       |  |                                     |  |             |
| MRS. CECILE DOLAN                      |                                | at   | 850                                 | 650-8056   |             |
| (Name c                                | of Contact Person)             |  | (Area Code)                         | (Daytime Telephone Nun   | iber)       |
| Enclosed is a check for the following  | amount made payable t          | o the Florida D                                    | epartment of S                      | State:   |             |
| ■ \$35 Filing Fee □\$43<br>Cert        | ificate of Status Cert<br>(Add | 75 Filing Fee & ified Copy ditional copy is losed) | Certifi<br>Certifi                  | O Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |             |
| Mailing Address<br>Amendment Section   | n                              |  | <u>eet Address</u><br>endment Secti | on   |             |

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



June 11, 2018

CECILE DOLAN POST OFFICE BOX 6313 MIRAMAR BEACH, FL 32550

SUBJECT: SUNSAIL PROPERTY OWNERS ASSOCIATION, INC.

Ref. Number: N95000004823

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):

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: 818A00012102

## Articles of Amendment to Articles of Incorporation of



SUNSAIL PROPERTY OWNERS ASSOCIATION, INC.

2018 JUN 25 PM 1: 08

| (Name of Corporation   | as currently   | y filed with the F      | lorida Dept. of State) SECRETARY OF STATE   |
|--|----------------|-------------------------|---|
| N95000004823   |                |                         | TALLAHASSEE.FLORID.                         |
| (Docum   | nent Number    | of Corporation (i       | f known)                                    |
| Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:    | rida Statutes, | this <i>Florida Not</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the   | corporation    | <u>n:</u>               |   |
| N/A  |                |                         | The new                                     |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the name    | •              | n" or "incorporc        |   |
| B. Enter new principal office address, if applicat   | ble:           | N/A                     |   |
| (Principal office address <u>MUST BE A STREET AI</u>   |                | •••                     |   |
|  | _              |                         |   |
|  | _              |                         |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B                   | BOX)           | N/A                     |   |
|  |                |                         |   |
|  |                |                         |   |
|  | _              | <u></u>                 |   |
| D. If amending the registered agent and/or regist  |                |                         | da, enter the name of the                   |
| new registered agent and/or the new registere  |                | <u>Iress:</u>           |   |
| Name of New Registered Agent:  | N/A            |                         |   |
|  |                |                         |   |
|  | •              |                         | (Florida street address)                    |
| New Registered Office Address:   |                |                         |   |
|  | N/A            |                         | , Florida                                   |
|  |                | (City)                  | (Zip Code)                                  |
| New Registered Agent's Signature, if changing R<br>I hereby accept the appointment as registered agent |                |                         | ept the obligations of the position.        |
|  |                |                         |   |
| _  | Sign           | nature of New Rey       | sistered 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 <math>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 | PT         John D           V         Mike J           SV         Sally S | ones             |                          |
|----------------------------------|---|------------------|--------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>  | <u>Name</u>      | <u>Addres</u> s          |
| 1) Change                        | <u>s</u>  | MATTHEW ANDERSON |                          |
| Add X Remove                     |   |                  |                          |
| 2) X Change                      | VS  | STEVEN TIETGEN   | 4619 Windstarr Dr. 32541 |
| Add                              |   |                  | DESTIN, FL 32541         |
| Remove 3 ) Change                |   |                  |                          |
| Add                              |   |                  |                          |
| Remove                           |   |                  |                          |
| 4) Change                        |   |                  |                          |
| Add<br>Remove                    |   |                  |                          |
| 5) Change                        |   |                  |                          |
| Add                              |   |                  |                          |
| Remove                           |   |                  |                          |
| 6) Change                        |   |                  |                          |
| Add<br>Remove                    |   |                  |                          |
| Kennove                          |   |                  |                          |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Ba specific) |      |               |                |
|---|---------------|------|---------------|----------------|
| N/A   |               |      |               |                |
|   |               |      |               |                |
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| The date of each amen                  | N/A<br>ment(s) adoption:  |  | _, if other than the |
|--|---|--|----------------------|
| date this document was:                | gned.   |  |                      |
| i                                      | N/A   |  |                      |
| Effective date <u>if applic</u>        |   |  | <del></del> -        |
|  | tho more than 90  | ) days after amendment file date)  |                      |
|  | in this block does not meet the apponent the Department of State's record | plicable statutory filing requirements, this date will not l<br>rds.   | be listed as the     |
| Adoption of Amendme                    | t(s) ( <u>CHECK ONE</u> )   | )  |                      |
| The amendment(s) was/were sufficient   |   | and the number of votes cast for the amendment(s)  |                      |
| ☐ There are no memb adopted by the boa |   | he amendment(s). The amendment(s) was/were   |                      |
| Dated                                  | UNE 1, 2018   |  |                      |
| Signature                              | Cellettan   |  | _                    |
|  |   | f the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or hat fiduciary) |                      |
|  | CECILE DOLAN  |  |                      |
|  | (Typed o  | or printed name of person signing)   |                      |
|  | TREASURER   |  |                      |
|  |   | (Title of person signing)  |                      |