

N96000002978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

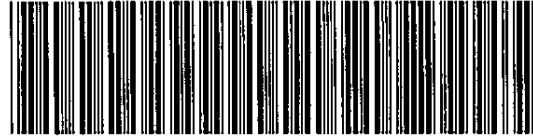
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



600288864676

08/12/16--01016--024 \*\*35.00

RECEIVED  
FEB 11 2017  
FEB 11 2017

16 NOV -7 PM 3:57

FILED

Special Instructions to Filing Officer:

*Called in, spoke with Kelly Lindblad about the changes being made & she gave permission to correct addresses, titles & manner of adoption.*  
11/7/16 DC

Office Use Only

*Amend*

NOV 07 2016  
D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2016

Kelly Lindblad  
Cove Water Systems  
P.O. Box 1822  
Tavares, FL 32778

SUBJECT: COVE WATER SYSTEM, INC.  
Ref. Number: N96000002978

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):

IF YOU ARE CHANGING THE REGISTERED AGENT OF THE CORPORATION, PLEASE LIST BOTH THE NAME OF THE REGISTERED AGENT AND ALSO THE ADDRESS FOR THE NEW REGISTERED AGENT.

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.

Darlene Connell  
Regulatory Specialist III

Letter Number: 016A00020280

RECEIVED  
16 NOV -7 PM 1:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

this was

done on  
page 2

address  
remains  
registered as  
P.O. Box

1822  
Tavares FL  
32778  
on

page 1  
part D.

thank  
you.  
Kelly  
561-818-  
0014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2016

Kelly Lindblad  
Cove Water Systems  
P.O. Box 1822  
Tavares, FL 32778

SUBJECT: COVE WATER SYSTEM, INC.  
Ref. Number: N96000002978

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.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Susan S Tallent  
Regulatory Specialist II

Letter Number: 116A00017911

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Cove Water Systems, Inc.

DOCUMENT NUMBER: 1796000002978

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

Please return all correspondence concerning this matter to the following:

Kelly Lindblad

(Name of Contact Person)

Cove Water Systems, Inc.

(Firm/ Company)

Po Box 1822

(Address)

Tallahassee FL 32378

(City/ State and Zip Code)

Covewater96@gmail.com

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

For further information concerning this matter, please call:

Kelly Lindblad

(Name of Contact Person)

at 561-818-0014

(Area Code) (Daytime Telephone Number)

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

RECEIVED  
16 SEP - 9 24 AM '13  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

☒ \$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

FILED  
NOV -7 PM 3:57  
U.S. DEPT. OF JUSTICE  
RECEIVED

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

(Document Number of Corporation (if known))

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

11322 Dead River Rd.

TAVARES, FL  
32778

Kelly Lindblad

(Florida street address)

same as

Principal Address

\_\_\_\_\_, Florida \_\_\_\_\_  
(Zip Code)

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

Type of Action  
(Check One)

Title

Name

Address

1) ☒ Change

TD

Alexander J. Chester

31053 Cove Rd.  
tavares FL 32778

☐ Add

X ☒ Remove

2) ☒ Change

TD

Kelly Lindblad

11322 Dead River Rd.

tavares FL 32778

☒ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Effective date if applicable: \_\_\_\_\_

9-2-16

(no more than 90 days after amendment file date)

**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

9-2-16

Signature

Gideon H. Massey III

(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)

Gideon H. Massey III

(Typed or printed name of person signing)

President / Board

(Title of person signing)