

P00 000031369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

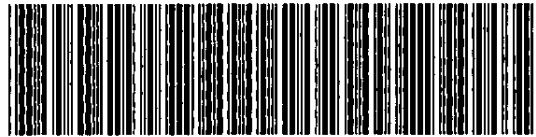
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10 APR 26 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
4/29/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GULF BEACH CONNECTION, INC.

DOCUMENT NUMBER: P00000031369

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

Please return all correspondence concerning this matter to the following:

STEPHEN G. WATTS

Name of Contact Person

STEPHEN G. WATTS, PA

Firm/ Company

1446 COURT ST

Address

CLEARWATER, FL 33756

City/ State and Zip Code

bellelsbe@aol.com

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

For further information concerning this matter, please call:

STEPHEN G. WATTS

Name of Contact Person

at (727) 461-3232

Area Code & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2010

STEPHEN G. WATTS
1446 COURT STREET
CLEARWATER, FL 33756

SUBJECT: GULF BEACH CONNECTION, INC.
Ref. Number: P00000031369

789/167/524
→ Sund Complete
doc 671

We have received your document for GULF BEACH CONNECTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The signature page is for a non profit corporation. Please find enclosed the proper signature page for a profit corporation.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 210A00007200



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2010

STEPHEN G. WATTS
1446 COURT STREET
CLEARWATER, FL 33756

SUBJECT: GULF BEACH CONNECTION, INC.
Ref. Number: P00000031369

We have received your document for GULF BEACH CONNECTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The entire document must be completed and sent back to me.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 210A00007200

Articles of Amendment
to
Articles of Incorporation
of

GULF BEACH CONNECTION, INC.

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

P00000031369

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 26 AM 10:01

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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:

New Registered Office Address:

_____ (Florida street address)

_____, Florida

(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.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>JOHN M. HAWKRIDGE</u>	<u>309 Belle Isle</u> <u>Belleair Beach, FL 33786</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P, S, T</u>	<u>LJILJANA NEDIC</u>	<u>309 Belle Isle</u> <u>Belleair Beach</u> <u>FL, 33786</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: FEB 10, 2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated MARCH 30, 2010

Signature [Signature]
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ljiljana Hawkridge
(Typed or printed name of person signing)

President
(Title of person signing)