

Pa3000001033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200150255602

*Name Change  
& Renew*

04/17/09--01023--014 \*\*52.50

FILED  
2009 APR 17 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Doc  
4/21/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Hofer Doster Designs, Inc.

**DOCUMENT NUMBER:** P03000001033

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

Please return all correspondence concerning this matter to the following:

Carleen Young Doster  
(Name of Contact Person)

Carleen Doster Interior Design, Inc.  
(Firm/ Company)

19551 Slater Rd.  
(Address)

North Fort Myers, FL 33917  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Carleen Young Doster at ( 239 ) 565-8742  
(Name of Contact Person) (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

Articles of Amendment  
to  
Articles of Incorporation  
of

Hofer Doster Designs, Inc.

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

P03000001033

(Document Number of Corporation (if known))

FILED

2009 APR 17 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

Carleen Doster Interior Design, Inc.

*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**)

19551 Slater Rd.

North Fort Myers, FL 33917

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

19551 Slater Rd.

North Fort Myers, FL 33917

**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:

Carleen Young Doster

19551 Slater Rd.

New Registered Office Address:

(Florida street address)

North Fort Myers

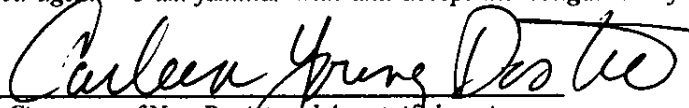
(City)

Florida 33917

(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>
PD	William C. Hofer	5251 Selby Dr. Fort Myers, FL 33919	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PVTS	Carleen Young Doster	19551 Slater Rd. North Fort Myers, FL 33917	<input checked="" 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: March 31, 2009

Effective date if applicable: March 31, 2009  
(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):*

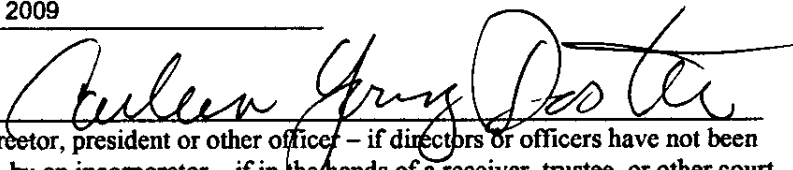
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 31, 2009

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)

Carleen Young Doster  
(Typed or printed name of person signing)

President  
(Title of person signing)

NO6000006113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

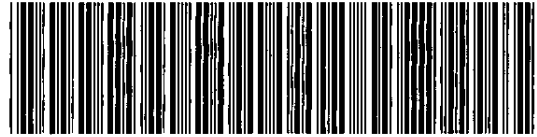
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400150262934

RA  
Change

04/17/09--01007--008 \*\*35.00

FILED  
2009 APR 17 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ASR  
4/21/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Palm Coast Commercial & Industrial  
Center Condominium Owners Association, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: NO6000006113

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Jackson, Esq.  
(Name of Contact Person)

Christine & Christine, P.A.  
(Firm/Company)

28 Cordova Street  
(Address)

St. Augustine, FL 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Jackson, Esq. at ( 904 ) 829-0523  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Palm Coast Commercial & Industrial Center Condominium Owners Association, Inc.
2. The principal office address: 138 Palm Coast Parkway NE Suite 210, Palm Coast, Florida 32137
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 06/06/06 Document number: N06000006113

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jim Coleman, Agent  
138 Palm Coast PKwy, NE, Suite 210  
Palm Coast, Florida 32137

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Andrew Jackson, Esq.  
28 Cordova Street  
(P.O. Box NOT acceptable)  
St. Augustine, FL 32084

FILED  
2009 APR 17 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

JAMES D. Coleman Sec. C.  
(Printed or typed name and title)

JAMES D. Coleman Secretary  
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)  
(Andrew Jackson, Esq.)

4/9/09  
(Date)

If signing on behalf of an entity:

Andrew Jackson, Esq.  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*