Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

**Electronic Filing Cover Sheet** 

(((H15000190554|3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BASKIN & FLEECE, P.A.

Account Number : I20020000047 Phone : (727) 572-4545

Fax Number : (727)572-4646

\*\*Enter the email address for this business entity to be used for⊞di annual report mailings. Enter only one email address please Email Address:

# COR AMND/RESTATE/CORRECT OR O/D RESIGN GULF TO BAY REALTY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$35.00

AUG 0 7 2015

D CONNELL

Corporate Filing Menu

Help

8/6/2015

Electronic Filing Menu

8/6/2015 11:58:45 AM PACE 1/001 Nax Server



August 6, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GULF TO BAY REALTY, INC. 232 NORTH INDIAN ROCKS RD. BELLEAIR BLUFFS, FL 33770

SUBJECT: GULF TO BAY REALTY, INC.

REF: P03000046027

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

This is an amendment filling not a new corporate filling.

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.

Diane Cushing Senior Section Administrator PAX Aud. #: H15000189565 Letter Number: 115A00016572

## H150001905543

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gulf to Bay Res	alty, Inc.
DOCUMENT NUMBER: P03000046027	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
leffrey A. Lopatin	
<u> </u>	Name of Contact Person
	Firm/ Company
3 North Pine Circle	
Bellenir, FL 33756	Address
	City/ State and Zip Code
JeffLopatin@scl.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Jeffrey A. Lopatin	at ( <sup>727</sup> ) 463-3399
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
\$35 Filing Fee	
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

# H15000190554 3

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

Oulf to Bay Realty, Inc.			
(Name of Corr P03000046027	poration as currently filed with the Florida Dept. of	(State)	
(1	Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> adop	is the following amer	idment(s) to
A. If amending usme, enter the new name of	the corporation;		
	e word "corporation," "company," or "incorporation "Corp," "Inc," or "Co". A professional corporation or the abbreviation "P.A."		ation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		······································	_
			<del>-</del>
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFIC	E BOX)	<del></del>	
		2.2 pr	_ _5
D. If amending the registered agent and/or re new registered agent and/or the new registered	egistered office address in Florida, enter the name of tered office address:	ETARY NASSE	AUG -6
Name of New Registered Agent		OF \$1, 	AH 9:
···	(Florida street address)		8
New Registered Office Address:	, Flo	orida(Zip Code)	_
New Registered Agent's Signature, if changing I heraby accept the appointment as registered ag		,	
	Signature of New Registered Agent, if changing		

### H150001905543

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: XChange	ei	John Doe			
X Remove	¥	Mike Jones			
X Add	SY	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	DV\$T	ERNEST J. BURZUMATO	232 N. Indian Rocks Road		
Add _XRemove			Belleair Bluffs, FL 33770		
2) Change	VST	Jeffrey A. Lopatin	3 North Pine Circle		
X Add			Belleair, FL 33756		
Remove					
3 ) Change					
Add					
Remove		·			
4) Change		<del></del>			
Add					
Remove					
5) Change					
Add					
Remove					
6)Change					
Add					
Remove					

## H150001905543

	, , , , , , , , , , , , , , , , , , ,	(Be specific)	f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)			
	,		<u></u>			
	**					
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·				
				•		
					_	
·····						
					· · · · · · · · · · · · · · · · · · ·	
			<u> </u>			
				·		
<u>provisions for it</u>	t provides for an ex mplementing the an cable, indicate N/A)	nendment if not c	cation, or cancella optained in the am	tion of issued stare endment itself:	<b>5.</b>	
<u>provisions for it</u>	mplementing the an	nendment if not c	cation, or cancella optained in the am	tion of issued share endment itself:	<b>S.</b>	
<u>provisions for it</u>	mplementing the an	nendment if not c	cation, or cancella ontained in the am	tion of issued share endment itself:	<b>3.</b>	
<u>provisions for it</u>	mplementing the an	nendment if not c	cation, or cancella ontained in the am	tion of issued singre endment itself:	<b>3.</b>	
<u>provisions for it</u>	mplementing the an	nendment if not c	cation, or cancella optained in the an	tion of issued share endment itself:	<b>5.</b>	
provisions for it	mplementing the an	nendment if not c	cation, or cancella ontained in the an	tion of issued share endment itself:	<b>3.</b>	
provisions for it	mplementing the an	nendment if not c	cation, or cancella optinized in the an	tion of issued share endment itself:	<b>\$.</b>	
provisions for it	mplementing the an	nendment if not c	cation, or cancella partained in the an	tion of issued share endment itself:	<b>3.</b>	

## H15000190554 3

June 30, 2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Fire 30, 2015 Effective date if applicable:	
(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 dat document's effective date on the Department of State's records.	e will not be listed as the
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):	শ
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
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 8-4-2015	
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 count appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed/name of person signing)	
President	
(Title of neman signing)	