

PO5000052779

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2008 NOV -3 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

11-5-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WAVERRUNNERS AT GULFVIEW, INC.

DOCUMENT NUMBER: P05000052779

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

Please return all correspondence concerning this matter to the following:

GAVIN STEWART

(Name of Contact Person)

(Firm/ Company)

2961 FOUNTAINHEAD DRIVE

(Address)

LARGO FL 33170

(City/ State and Zip Code)

For further information concerning this matter, please call:

GAVIN STEWART

(Name of Contact Person)

at (727) 4030414

(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

October 9, 2008

GAVIN STEWART
WAVERUNNERS AT GULFVIEW, INC.
2961 FOUNTAIN HEAD DR
LARGO, FL 33770

SUBJECT: WAVERUNNERS AT GULFVIEW, INC.
Ref. Number: P05000052779

We have received your document for WAVERUNNERS AT GULFVIEW, 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):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 408A00053213

Articles of Amendment
to
Articles of Incorporation
of

WAVERRUNNERS AT GULFVIEW, INC.

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

P05000052779

(Document Number of Corporation (if known))

FILED
2008 NOV -3 AM 9:04
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:

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)

2961 FOUNTAINHEAD DR
LARGO FL 33770

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

2961 FOUNTAINHEAD DR
LARGO FL 33770

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:

GAVIN STEWART

New Registered Office Address:

2961 FOUNTAINHEAD DR

(Florida street address)

LARGO

(City)

Florida 33770
(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>
PRES/DIRECTOR	ALBERTSEN, GERALD	11417 65th AVE SEMINOLE FL 33772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRES/DIRECTOR	STEWART, GAVIN	2961 FOUNTAINHEAD DR. LARGO FL 33770	<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: SEPTEMBER 01, 2008

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 OCTOBER 27, 2008

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)

GAVIN STEWART

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)