

P05000068494

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(Business Entity Name)

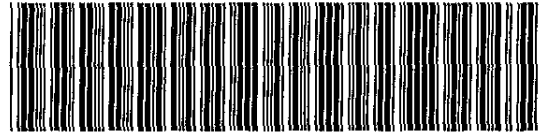
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FILED
05 AUG -14 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Angel Gonzalez, Jr., P.A.

DOCUMENT NUMBER: P05000068494

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

Please return all correspondence concerning this matter to the following:

Angel Gonzalez, Jr.
(Name of Contact Person)

Sand Kastle Realty
(Firm/ Company)

2975 Albatross Dr.
(Address)

Nawame, FL 32514
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Cassandra Smith at (850) 685-5081
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Angel Gonzalez Jr. P.A.

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

FILED
05 AUG -4 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P05000068494

(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:

NEW CORPORATE NAME (if changing):

N/A.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

- ① Angel Gonzalez Jr. - deleted as President - added as
having no office held, but still owning 50% of company.
- ② Cassandra Smith - deleted as Vice President -
added as having no office held, but still owning
50% of company.
- ③ Gail Gonzalez - added as President - as well as
still holding office of Secretary.
- ④ Joshua Smith - added as Vice President - as
well as still holding office of Treasurer.

(Attach additional pages if necessary)

(- see attached DBPR sheets of officers)

If an amendment provides for 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)

N/A.

(continued)

The date of each amendment(s) adoption: Aug. 3, 2005.

Effective date if applicable: Aug. 3, 2005.
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

Signed this 3 day of August, 2005.

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)

Gail C. Gonzalez
(Typed or printed name of person signing)

President/Secretary
(Title of person signing)

FILING FEE: \$35

DBPR 0040-1 – Officers and Directors

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

NOTE – This form must be submitted as part of an
application packet

Please provide information on the partners, managers, officers, or directors for your business entity
below.

ORGANIZATION NAME	
Name of Organization	Angel Gonzalez, Jr., PA.
Trade Name	Sand Kastle Realty

LIMITED LIABILITY CORPORATION QUESTIONS
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information. Member Managed <input checked="" type="checkbox"/> Manager Managed <input type="checkbox"/>
If you are a member managed LLC, list below all members. If you are a manager managed LLC, list below all managers.

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Gonzalez	Angel		Mr.	Jr.
Office Held	Percentage of Ownership	Active	Non-Active	
none	50%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
2975 Albatross Dr.				
City	State	Zip Code (+4 optional)		
Navarre	FL	32564		
County (if Florida address)	Country			
Santa Rosa	USA			

SL

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Smith	Cassandra	G.	Mrs.	
Office Held	Percentage of Ownership	Active	Non-Active	
none	50%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESIDENCE ADDRESS				
Street Address or P.O. Box				
2975 Albatross Dr.				
City	State	Zip Code (+4 optional)		
Navarre	FL	32564		
County (if Florida address)	Country			
Santa Rosa	USA			

SL

MANAGEMENT INFORMATION					
Last Name	First	Middle	Title	Suffix	
Gonzalez	Gail	C	Mrs.		
Office Held	Percentage of Ownership		Active	Non-Active	
President/Secretary	0		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
RESIDENCE ADDRESS					
Street Address or P.O. Box					
2975 Albatross Dr.					
City		State	Zip Code (+4 optional)		
Navarre		FL	82506		
County (if Florida address)		Country			
Santa Rosa		USA			

MANAGEMENT INFORMATION					
Last Name	First	Middle	Title	Suffix	
Smith	Joshua	S.	Mr.		
Office Held	Percentage of Ownership		Active	Non-Active	
Vice President/Treasurer	0		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
RESIDENCE ADDRESS					
Street Address or P.O. Box					
2975 Albatross Dr.					
City		State	Zip Code (+4 optional)		
Navarre		FL	82506		
County (if Florida address)		Country			
Santa Rosa		USA			

MANAGEMENT INFORMATION					
Last Name	First	Middle	Title	Suffix	
Faulk	Shannon	L.	Ms.		
Office Held	Percentage of Ownership		Active	Non-Active	
Vice President	0		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RESIDENCE ADDRESS					
Street Address or P.O. Box					
1003 27th St.					
City		State	Zip Code (+4 optional)		
Niceville		FL	82578		
County (if Florida address)		Country			
Santa Rosa		USA			

BK

MANAGEMENT INFORMATION					
Last Name	First	Middle	Title	Suffix	
Office Held	Percentage of Ownership		Active	Non-Active	
			<input type="checkbox"/>	<input type="checkbox"/>	
RESIDENCE ADDRESS					
Street Address or P.O. Box					
City		State	Zip Code (+4 optional)		
County (if Florida address)		Country			

Attach additional sheets as necessary