## P0900018870

| (Re                                     | equestor's Name)   |                 |  |  |
|---|--------------------|-----------------|--|--|
| (Ac                                     | ddress)            | ,               |  |  |
| (Ac                                     | ddress)            |                 |  |  |
| (Ci                                     | ty/State/Zip/Phone | <del>=</del> #) |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL            |  |  |
| (Business Entity Name)                  |                    |                 |  |  |
| (Document Number)                       |                    |                 |  |  |
| Certified Copies                        | Certificates       | s of Status     |  |  |
| Special Instructions to Filing Officer: |                    |                 |  |  |
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TALLES OF STATE

SECRETARY OF STATE

ALL ARKSSET FLORIDA

APR 2 5 2014 C. CARROTHERS

X00789,02544,02976,0067/



April 24, 2014

Leigh Ann Roach 82 Bay Drive Key West, FL 33040

SUBJECT: BAYPOINT SALES, INC.

Ref. Number: P09000018870

We have received your document for BAYPOINT SALES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000102776.

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.

Annette Ramsey Regulatory Specialist II

Letter Number: 214A00008836

## **COVER LETTER**

TO: Amendment Section

for the transfer

| Division of Corporati       | Olis  |  |  | 14 APR 18.                 | AHII: no |
|-----------------------------|---|--|--|----------------------------|----------|
| NAME OF CORPORAT            | ION: BAY                                    | point Sales,   | Inc  | SEORE JAMES<br>TALLAHASSEE | ALLANDA. |
| DOCUMENT NUMBER             | :   | PO 9000  | 018810   |                            |          |
| The enclosed Articles of A  | mendment and fee are su                     | bmitted for filing.  |  |                            |          |
| Please return all correspon | dence concerning this ma                    | tter to the following:   |  |                            |          |
|                             | Leig  | Name of Contact Person   | ICH.   |                            |          |
| <del></del>                 |   | Firm/ Company  |  |                            |          |
|                             | 8   | 2 BAY DO   | ive  |                            |          |
| <del></del> -               |   | Address  Address  City/ State and Zip Code                         | FL 3   | 3040                       |          |
|                             | larte<br>E-mail address: (to be us          | er 36 gmail  | notification)  |                            |          |
| For further information con | ncerning this matter, pleas                 | se call:   |  |                            |          |
| Leigh /- Name of Co         | Ann ROACH                                   | ·  |  | 4535                       |          |
| Enclosed is a check for the | following amount made                       | payable to the Florida Depa  | rtment 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 Fe<br>Certificate of Sta<br>Certified Copy<br>(Additional Cop<br>is enclosed) | atus                       |          |
| -                           | Address                                     |  | Address<br>ment Section  |                            |          |

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation of

| Baymint Sales  | The  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| (Name of Corporation as currently filed with the Flo   | rida Dept. of State)   |  |  |  |  |  |
| P090000 (887()   |  |  |  |  |  |  |
| (Document Number of Corporation (if  | chown)   |  |  |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:   | lorida Profit Corporation adopts the following amendment(s) to   |  |  |  |  |  |
| A. If amending name, enter the new name of the corporation:  |  |  |  |  |  |  |
| Keywist Homes.   | The new  |  |  |  |  |  |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P | " "company," or "incorporated" or the abbreviation  o". A professional corporation name must contain the |  |  |  |  |  |
| B. Enter new principal office address, if applicable:  | 82 Bay Drive   |  |  |  |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | Key West Fl  |  |  |  |  |  |
|  | 32011  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| C. Enter new mailing address, if applicable:   | 42 Bay Dive  |  |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | - DO DAY PRIDE   |  |  |  |  |  |
|  | 1)ey West FL   |  |  |  |  |  |
|  | 33040  |  |  |  |  |  |
| D. If amending the registered agent and/or registered office addres  | s in Florida, enter the name of the  |  |  |  |  |  |
| new registered agent and/or the new registered office address:   | <u> </u>   |  |  |  |  |  |
| Name of New Registered Agent   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| (Florida stree   | t address)   |  |  |  |  |  |
| New Registered Office 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 wi  | h and accept the obligations of the position.  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Signature of New Registered Ag   | ent, if changing   |  |  |  |  |  |
|  | Agent Stay   |  |  |  |  |  |
|  | A gent Stays  the Same   |  |  |  |  |  |

| The date of each amendment(s) adoption:  | , if other than the |
|--|---------------------|
| date this document was signed.   |                     |
| Effective date if applicable:  | <del></del>         |
| (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): | شعب خوم جوجو        |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |                     |
| Nev  |                     |
| (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 <u>A/14/14</u>   |                     |
| Signature Survey 5 Keel  |                     |
| (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)   |                     |
| Thomas & ROACI+  |                     |
| (Typed of printed name of person signing)  |                     |
| PRESIDENT  |                     |
| (Title of person signing)  |                     |

FILED

14 APR 18 ANTI: 09

SECRETARY OF STATE

TALLAHASSEE, FLORIDA