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## JACOBS SCHOLZ & ASSOCIATES, LLC.

A LIMITED LIABILITY COMPANY OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AT LAW
GATEWAY TO AMELIA

961687 GATEWAY BLVD., SUITE 2011 FERNANDINA BEAGH, FLORIDA 32034

TELEPHONE (904) 261-3693 FAX NO. (904) 261-7879 www.jacobsandassociateslaw.com RICHARD J. SCHOLZ, P.A. RICHARD J. SCHOLZ

August 26, 2009

THE LAW OFFICES OF

JACOBS & ASSOCIATES, P.A.

ARTHUR L. JACOBS

Ms. Nanette Causseaux Division of Corporations Trademark Division P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Causseaux,

Please find enclosed an Assignment of Mark Registration as to Amelia Island Management and an Articles of Amendment to Articles of Incorporation of Management Company of Amelia, Inc. We had previously faxed these documents to your office in an attempt to have them filed simultaneously as advised by someone in your office.

Our ultimate goal is have the trademark of Amelia Island Management owned by the corporation currently known as Management Company of Amelia which we also want to change the name of to be Amelia Island Management, Inc.

I am also enclosing our firm's checks in the amount of \$50.00 for the assignment of the trademark and \$35.00 for the name change.

If you need any additional information, forms or funds from our office, please advise.

Yours sincerely.

Rena Jones

/mcj enclosures

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: MANAG	SEMENT COMPANY OF A	MELIA, INC.
DOCUMENT NUMBE	MBER:P09000061800		
The enclosed Articles of	f Amendment and fee a	re submitted for filing.	
Please return all corresp	ondence concerning thi	s matter to the following:	
		RTHUR I. JACOBS	
	N	ame of Contact Person	
	JACOBS S	SCHOLZ & ASSOCIATES	
		Firm/ Company	
	961687 GA	TEWAY BLVD., STE 201-I	
		Address	
	FERNAN	IDINA BEACH, FL 32034	
	C	ity/ State and Zip Code	
	aijacob E-mail address: (to be use	s@bellsouth.net d for future annual report notification)	<u> </u>
For further information	concerning this matter,	please call:	
	R I. JACOBS	ut (	1-3693
Name of Co	ntact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for t	the following amount m	nade payable to the Florida Departi	ment 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		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

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### **Articles of Amendment**

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# **Articles of Incorporation**

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## MANAGEMENT COMPANY OF AMELIA, INC.

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

#### P09000061800

1 090	700001000		
(Document Numb	per of Corporation (if kno	wn)	至
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fi	orida Profit Corporation ad	opts the following
A. If amending name, enter the new name of	the corporation:		
AMELIA ISLANI	D MANAGEMENT IN	C	The new
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the c name must contain the word "chartered," "profi	designation "Corp," "Inc	," or "Co". A professional	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			<del></del>
(Frincipal office address <u>MOST DE A STREET</u>	ADDRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )		<del></del>
D. If amending the registered agent and/or re new registered agent and/or the new regist		n Florida, enter the name of	<u>the</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
_		, Florida_	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		nd accept the obligations of th	he position.
Sig	gnature of New Registered	Agent, if changing	

Page 1 of 3

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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>	Address	Type of Action
			☐ Add☐ Remove
<del></del>			
· ·	additional sheets, if necessary). (Be spe	сіліс)	
provisi	mendment provides for an exchange, reions for implementing the amendment in applicable, indicate N/A)		

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JACOBS AND ASSOCIATE

The date of each amendment	(s) adoption; <u>JULY 31, 2009</u>
•	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wes action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_AUG	SUST 14, 2009
sele	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	V
	JACK B. HEALAN, JR.
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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