

P11000056186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 OCT 11 PM 3:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11-10-12-16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2011

SHARON HUMMERHIELM
THE DELTONA CORPORATION
999 BRICKELL AVE, STE 920
MIAMI, FL 33131

SUBJECT: DELTONA REALTY AT ST. AUGUSTINE SHORES, INC.
Ref. Number: P11000056186

The fee for mark registration or renewal is \$87.50 per class. Please make the corrections requested in this letter, if any, and return the application and check for the appropriate amount to the attention of the corporate specialist listed below.

It appears that you are trying to file an officer/director resignation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 411A00022686

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Deltona Realty at St. Augustine Shores, Inc.

DOCUMENT NUMBER: P11000056186

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

Please return all correspondence concerning this matter to the following:

Sharon Hummerhielm

Name of Contact Person

The Deltona Corporation

Firm/ Company

999 Brickell Avenue, Suite 920

Address

Miami, FL 33131

City/ State and Zip Code

shummerhielm@deltona.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Hummerhielm

Name of Contact Person

at (305) 579-0999 (ext. 305)

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

11 OCT 11 PM 3:29

Deltona Realty at St. Augustine Shores, Inc.

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

P11000056186

(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:

A. If amending name, enter the new name of the corporation:

Not Applicable

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:

Not Applicable

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

Not Applicable

(Mailing address MAY BE A POST OFFICE BOX)

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:

Not Applicable

New Registered Office Address:

Not Applicable

(Florida street address)

Not Applicable

(City)

, Florida Not Applicable

(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>
VP	John Maguire	49 Shores Blvd St. Augustine, FL 32086	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input 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)

Not Applicable

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)

Not Applicable

The date of each amendment(s) adoption: 10-6-11

Effective date if applicable: September 13, 2011
(date of adoption is required)
(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 6, 2011

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)

Beth Fisher

(Typed or printed name of person signing)

Secretary

(Title of person signing)