

07/24/2015
7/23/2018

13:37 BLACK

(FAX)

P.002/003

P14000018481

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000179135 3)))



H150001791353ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PETER J. JAENSCH, P.A.
Account Number : 105065002440
Phone : (941)366-9841
Fax Number : (941)951-0677

FILED
15 JUL 24 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
SUNCOAST HOTELS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

RECEIVED

15 JUL 24 PM 2:02

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JUL 27 2015

D. CONNELL

Electronic Filing Menu

Corporate Filing Menu

Help

07/24/2015 13:36 BLACK
850-817-6381

7/24/2015 11:55:53 AM PAGE 1/001 Fax Server

P.001/006



July 24, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUNCOAST HOTELS, INC.
2199 RINGLING BLVD.
SARASOTA, FL 34237US

SUBJECT: SUNCOAST HOTELS, INC.
REF: F14000018481

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments are filed in compliance with section 607.1006, Florida Statutes.

PLEASE DOWNLOAD AND FILE ARTICLES OF AMENDMENT FOR A PROFIT CORPORATION.

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.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000179135
Letter Number: 515A00015577

RECEIVED
15 JUL 24 PM 2:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED

15 JUL 24 PM 12: 07

SUNCOAST HOTELS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P14000018481

(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:

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**)

1414 N Lake Shore Dr.

Sarasota, FL 34231

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

1414 N Lake Shore Dr.

Sarasota, FL 34231

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

(Florida street address)

New Registered Office Address:

(City)

Florida

(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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|----------|-----------------------|------------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>Joern U. Sroka</u> | <u>460 N Washington Dr.</u> |
| <input type="checkbox"/> Add | | | <u>Sarasota, FL 34236</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>P</u> | <u>Joern U. Sroka</u> | <u>1414 N Lake Shore Dr.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Sarasota, FL 34231</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <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)

[illegible]

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)

[illegible]

07/24/2015 13:37 BLACK

(FAX)

P.006/006

The date of each amendment(s) adoption: 07/24/2015 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

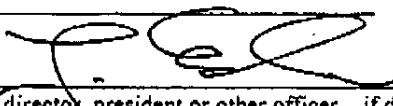
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 07/24/2015
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)

Joern U. Sroka

(Typed or printed name of person signing)

President

(Title of person signing)