## PIUCCICI437

_				
_				
_				
_				
(Document Number)				
_				
7				

Office Ude Only



400267703504

01/02/15--01016--005 \*\*35.00

2015 JAH -2 AM IO: 53
SEURE FARY OF STATE
AND ANASSFE, FLORIDA

Amund Anno 15

## **COVER LETTER**

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SDREW DCEAN MOND RUYARTIES 01 GRAYLING CIKSONVICE FL 32
City/ State and Zip Code ndrew ocean @ United E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

**Mailing Address** 

TO: Amendment Section

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 Articles of Incorporation of

ORMOND ROYAL	-TIES INC
(Name of Corporation as currently filed with the I	·lorida Dept. of State)
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	1453 NORTH US HIGHWAY   DZ9 ORMOND BEACH FL 32174
	DRMOND BEHCH FL 32119
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	, Florida
(Сіқу.	SSE-<
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position 53
t hereby accept the appointment as registered agent. I am juntitur	The time decept the configurous of the postable 5

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: X Change	PT John D	<u>oc</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
_X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	<u>_</u>	ANDREW OCEAN	6201 GRAYLING DR JACKSONILLE FL 32256
2) Change	<u> </u>	ELIAS PAPADEAS	9 WARREN PLACE PACM COAST FL
Remove  Change  Add  Remove	VP	MARY PAPADEAS	32164 9 WARREN PLACE PALM COAST FL 32164
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach <i>additi</i>	or adding additional A onal sheets, if necessary	). (Be specific	;)			
				-		
					.==	
		_				
				· · · · · · · · · · · · · · · · · · ·		
	•					
	APA 11.					
	<del></del>				· · · · · · · · · · · · · · · · · · ·	
		PA		-		
f an amend	nent provides for an e	xchange, reclas	sification, or can	<u>cellation of issu</u>	ed shares,	
provisions	or implementing the a pplicable, indicate N/A	mendment if no	t contained in th	e amendment i	tself:	
(ij noi t	эрнсате, такаге кіл	,				
		·		-		
	·+ <del></del>		•		<u></u>	
	·		<del> </del>		<u> </u>	
··· •						

The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable:  (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	
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 1/1/15	
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)	
Andrew Ocean (Typed or printed name of person signing)	
[NCORPORATOR	
(Title of person signing)	