

P17 000094528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

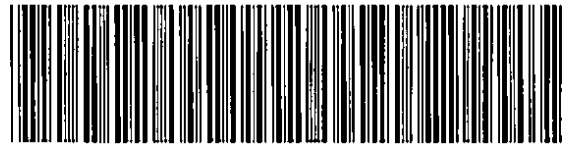
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500320983245

11/13/18--01008--020 \*\*70.00

FILED

2018 DEC 17 PM 12:54

CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

C. GOLDEN

DEC 20 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE CRONENBOLD HOMES INC

DOCUMENT NUMBER: P170000094528

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

Please return all correspondence concerning this matter to the following:

VALERIA PERROGON

Name of Contact Person

THE CRONENBOLD HOMES INC

Firm/ Company

14845 PINNACLE PL

Address

NAPLES FL 34119

City/ State and Zip Code

ODEAIR@HOTMAIL.COM

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

For further information concerning this matter, please call:

VALERIA PERROGON

Name of Contact Person

at ( 239 )

595-9830

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2018

VALERIA PERROGON  
14845 PINNACLE PL  
NAPLES, FL 34119

SUBJECT: THE CRONENBOLD HOMES INC  
Ref. Number: P17000094528

We have received your document and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must check the type of action for each officer listed.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 718A00024416

RECEIVED

2018 DEC 17 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

THE CRONENBOLD HOMES INC

FILED

2018 DEC 17 PM 12:54

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

PI7000094528

CLERK OF STATE  
TALLAHASSEE, FL

(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**)

14845 PINNACLE PL

NAPLES FL 34119

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

14845 PINNACLE PL

NAPLES FL 34119

**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:**

X Change                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

| Type of Action<br>(Check One)                 | Title | Name                 | Address            |
|---|-------|----------------------|--------------------|
| 1) <input checked="" type="checkbox"/> Change | VP    | VALERIA PERROGON     | 14845 PINNACLE PL. |
| <input type="checkbox"/> Add                  |       |                      | NAPLES FL 34119    |
| <input type="checkbox"/> Remove               |       |                      |                    |
| 2) <input type="checkbox"/> Change            | VP    | BROOKE JULIANNA HILL | 14845 PINNACLE PL. |
| <input type="checkbox"/> Add                  |       |                      | NAPLES FL 34119    |
| <input checked="" type="checkbox"/> Remove    |       |                      |                    |
| 3) <input checked="" type="checkbox"/> Change | P     | ELENA CRONENBOLD     | 14845 PINNACLE PL. |
| <input type="checkbox"/> Add                  |       |                      | NAPLES FL 34119    |
| <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)*

**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)*

ART IV: 1000 SHARES WILL BE DISTRIBUTED AS FOLLOWS:

VALERIA PERROGON 25%, ELENA CRONENBOLD 75%.

11/15/2018

The date of each amendment(s) adoption: \_\_\_\_\_, 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 11/15/2018 \_\_\_\_\_

Signature Elena Cronenbold  
(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)

ELENA CRONENBOLD

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)