## P190000 83547

(R	dequestor's Name)
(A	ddress)
(A	.ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Oocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:





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## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Ocean View of South Florida INC DOCUMENT NUMBER: P19000083547 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher Kull Name of Contact Person Ocean View of South Florida INC Firm/ Company 13526 Northumberland Circle Address Wellington FL 33414 City/ State and Zip Code thekullgroup@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher Kuli Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## Articles of Incorporation of

Ocean View of South Florida INC

Ocean View of South Florida INC	2519 ND / 27 PM 4: 17
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P19000083547	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new corporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u> )
D. If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	<del> </del>
	(Florida street address)
New Registered Office Address.	, Florida
	(Zīp Code)
New Registered Agent's Signature, if changing Res	
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	$\overline{\text{b.L}}$	John Doe	
$\underline{X}$ Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Susan A Kull	13526 Northumberland Circle
Add			Wellington FL 33414
X Remove			
2) Change	<u>S</u>	Susan A Kull	13526 Northumberland Circle
X Add			Wellington FL 33414
Remove 3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
21 Change		_	-
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

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F. If an amendment provides for an exchange, reclassification, or can- provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	
· ·	
Page 3 of 4	
The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	ier 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 a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	<del></del> .
<u> </u>	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	9
select	director, president or other officer – if directors or officers have not been need, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Christopher A Kull
	(Typed or printed name of person signing)
	President
	(Title of person signing)