

P21 0000 15296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

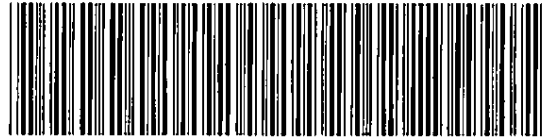
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NOBLE NEIGHBORS PROPERTY MANAGEMENT, INC

DOCUMENT NUMBER: P21000015296

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

Please return all correspondence concerning this matter to the following:

NANCI SORIANO

Name of Contact Person

NOBLE NEIGHBORS PROPERTY MANAGEMENT, INC

Firm/ Company

8380 BAYMEADOWS ROAD STE 17

Address

JACKSONVILLE, FL 32256

City/ State and Zip Code

NANCISORIANO@UREGCRP.COM

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

For further information concerning this matter, please call:

NANCI SORIANO

at (904)

290.3948

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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

NOBLE NEIGHBORS PROPERTY MANAGEMENT, INC

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

P21000015296

08

(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**)

C. Enter new mailing address, if 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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V _____	PAULA RENAE WYNN _____	8380 BAYMEADOWS ROAD STE 17 JACKSONVILLE, FL 32256 _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <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	_____ _____ _____	_____ _____ _____	_____ _____ _____

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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]

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 5/2/2024 _____

Signature Nanci Soriano
(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)

NANCI SORIANO

(Typed or printed name of person signing)

COO

(Title of person signing)



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Detail by Entity Name

Florida Profit Corporation

NOBLE NEIGHBORS PROPERTY MANAGEMENT, INC

Filing Information

Document Number P21000015296

FEI/EIN Number 86-2821917

Date Filed 02/10/2021

Effective Date 02/10/2021

State FL

Status ACTIVE

Last Event AMENDMENT

Event Date Filed 11/03/2021

Event Effective Date NONE

Principal Address

8380 BAYMEADOWS ROAD

SUITE 16

JACKSONVILLE, FL 32256

Mailing Address

8380 BAYMEADOWS ROAD

SUITE 16

JACKSONVILLE, FL 32256

Registered Agent Name & Address

UNITED REAL ESTATE GALLERY

8380 BAYMEADOWS ROAD

SUITE 17

JACKSONVILLE, FL 32256

Name Changed: 03/06/2024

Officer/Director Detail

Name & Address

Title VP

SORIANO, Nanci J

8380 BAYMEADOWS ROAD

STE 16

JACKSONVILLE, FL 32256

Title VP

Downey, Sonny
8380 BAYMEADOWS ROAD
SUITE 16
JACKSONVILLE, FL 32256

Title P

Rivera, Raymond
8380 BAYMEADOWS ROAD
SUITE 16
JACKSONVILLE, FL 32256

Annual Reports

Report Year	Filed Date
2022	01/12/2022
2023	04/25/2023
2024	03/06/2024

Document Images

03/06/2024 -- ANNUAL REPORT	View image in PDF format
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