519638

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

Anund 109

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION: SEA	A VILLAS DEVEOPMENT CO	RPORATION
DOCUMENT NU	MBER:	S19638	
The enclosed Artic	<i>les of Amendment</i> and	fee are submitted for filing.	
Please return all co	rrespondence concerni	ng this matter to the following:	
_		James M. Kosmas	
		Name of Contact Person	,
-		James M. Kosmas, P.A.	
		Firm/ Company	
1		111 Live Oak Street	
		Address	
	Ne	w Smyrna Beach, FL 32168	
		City/ State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	
For further informa	tion concerning this m	atter, please call:	
Jaı	mes M. Kosmas	at (386) 42	28-0055
Name of Contact Person		Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amo	ount made payable to the Florida Depart	tment of State:
▼ \$35 Filing Fee ▼ ■ ▼ ■ ▼ ■ ▼ ■ ▼ ■ ▼ ■ ▼ ■ ▼ ■ ▼ ■ ▼	☐ \$43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



l with the Florid 3	la Dept. of State)
3	
orporation (if kno	own)
Statutes, this F	Clorida Profit Corporation adopts the following
oration:	
ion "Corp," "Inc	The new "company," or "incorporated" or the c," or "Co". A professional corporation the abbreviation "P.A."
<u>ESS</u>)	
	in Florida, enter the name of the
(Florida street d	address)
	, Florida
	"corporation," ion "Corp," "Incassociation," or ESS) I office address in the second

• 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
STV	Robert P. Kosmas	920 Third Avenue New Smyrna Beach, FL 32169	☐ Add ☐ Remove
			☐ Add ☐ Remove
	ling or adding additional Articles, if necessary). (Be		
,			
provision		e, reclassification, or cancellation of issent if not contained in the amendment i	

The date of each amendmen	it(s) adoption: December 1, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
✓ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_Dec	cember 2, 2009
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Trudy Duffy
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)