FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

DOCUMENT # 714010 (6)

SUNSET HOUSE APARTMENTS OF MARCO ISLAND, INC.

ARTICLES OF AMENDMENT FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

220 SEA VIEW COURT
MARCO ISLAND FL 33937

220 SEA VIEW COURT
MARCO ISLAND FL 33937

3. Date Incorporated: 01/26/1968

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1281382 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Certified Copy: $5.00 May Be Added to Fees

7. Name of Affiliated Individual: $68.75 Supplemental Fee Not Required

8. Does corporation now qualify for exemption tax under S. 196.032, Florida Statutes? Yes No

9. Name and Address of Current Registered Agent

~~BOYER, ROBERT~~ x
Al Spicer
220 SEAVIEW CT
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: Al Spicer

82 Street Address (P.O. Box Number is Not Acceptable): 220 Seaview Ct.

83

84 City: Marco Island, FL 85 Zip Code: 33937

11. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, it is ordered the appointment as registered agent has been accepted and the registered office shall be located at the place designated in this certificate.

SIGNATURE: Albert Spicer 5/1/95

12. OFFICERS AND DIRECTORS

TYPE	P
NAME	HARRELL, D.
ADDRESS	220 SEAVIEW CT.
CITY, ST	MARCO ISLAND FL
TYPE	SD
NAME	RODENHOUSE, A
ADDRESS	220 SEAVIEW CT.
CITY, ST	MARCO ISLAND FL
TYPE	~~VP~~ T
NAME	SPICER, A.
ADDRESS	220 SEAVIEW CT
CITY, ST	MARCO ISLAND FL
TYPE	T VP
NAME	BOYER, R.
ADDRESS	220 SEAVIEW CT.
CITY, ST	MARCO ISLAND FL
TYPE	VD
NAME	WADE, R.
ADDRESS	220 SEAVIEW CT.
CITY, ST	MARCO ISLAND FL

13.

TYPE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST		
TYPE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST		
TYPE	T	☑ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST		
TYPE	VP	☑ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST		
TYPE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST		
TYPE		☐ Change ☐ Addition
NAME		
ADDRESS		
CITY, ST		

14. I hereby certify that the information contained herein, and attached hereto, is true and correct, to the best of my knowledge, belief, or information and that I am duly authorized to make this certificate on behalf of the corporation.

SIGNATURE: Albert Spicer ALBERT SPICER 5/1/95 642-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0010780