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. COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations	
Safety Harbor Club, Inc. NAME OF CORPORATION:	
759153 DOCUMENT NUMBER:	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jan Neal	
(Name of Contact Person)	
Safety Harbor Club, Inc.	
(Firm/ Company)	
PO Box 2276	
(Address)	
Pineland FL 33945	
(City/ State and Zip Code)	_
office@safetyharborclub.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rick Fox 239 472 101 9 at	
(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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDistrict of Country in the contract of th	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Safety Harbor Club, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 759153 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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 _____ (Zip Code) (City) 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 <math>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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Arthur Mason	
Add X Remove			
2) X Change	VP	Georgia Murphy	860 Edgewater Trail
Add			Sandy Springs GA 30328
Remove	S	Tim Smith	9501 S Cougar Road
3) Change X			Littleton CO 80127
Add			Diddeon Go Go121
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
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.The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK Of	NE)
☐ The amendment(s) was/were adopted by the membe was/were sufficient for approval.	rs and the number of votes cast for the amendment(s)
There are no members or members entitled to vote of adopted by the board of directors.	on the amendment(s). The amendment(s) was/were
Dated 8-19-15	
	2 Sunt
	no of the board, president or other officer-if directors or
Timo	Hy Juita d or printed name of person signing)
(Туре	d of printed name of person signing)
Sec	ratory
	(Title of person signing)