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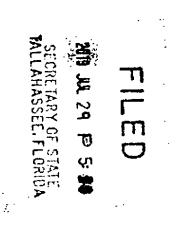
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GULF HARBOR M	OORINGS, INC.	
DOCUMENT NUMBER:	N00000006951		
The enclosed Articles of Amendment a	nd fee are submitted for filir	g.	• • • • • • • • • • • • • • • • • • • •
Please return all correspondence concer	ning this matter to the follow	ving:	
	ROBERT A DIMO	DICA	
	(Name of Co	ntact Person)	
·	(Firm/ C	ompany)	
	P.O. BOX	2134	
	(Add	ress)	•
	BONITA SPRING	3S, FL 34133	
	(City/ State a	nd Zip Code)	
	theboard@gulfharbo	ū	
	ss: (to be used for future an	ual report notification	on)
For further information concerning this	matter, please call:		
ROBERT A	DIMODICA	(239) at	289-7045
(Name of C	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the F	lorida Department o	f State:
	Filing Fee & S43.75 Filicate of Status Certified C (Additional enclosed)	opy Cert copy is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
B # 134			

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

FILED

GULF HARBOR MOORINGS, INC.

OOLI HAKBU	DR MOOKINGS, INC	ere a service and the service	
(Name of Corporation as current	tly filed with the Flo	rida Departi State 29 P 5: 60	
N00	000006951	SECRETARY OF STATE	
(Document Number	er of Corporation (if I	known) TALLAHASSEE, FLORIDA	
ursuant to the provisions of section 617.1006, Florida Statute nendment(s) to its Articles of Incorporation:		1.3	
. If amending name, enter the new name of the corporati	on:	The nev	
ime must be distinguishable and contain the word "corporat Company" or "Co." may not be used in the name.	ion" or "incorporate		
. Enter new principal office address, if applicable:	731 PARK AVENUE		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	NAPLE	S, FL 34110	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 2134		
	BONITA SPRINGS, FL 34133		
. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	<u>e address in Florida</u>	, enter the name of the	
Name of New Registered Agent:	ROBERT A DIMODICA		
	731 PARK AVENUE		
New Registered Office Address:	(Florida street address)		
	NAPLES	. Florida 34110	
-	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am/fair		t the obligations of the position.	
	anature of New Region	stered 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 X Remove X Add	$\overline{\underline{\mathbf{V}}} = \overline{\underline{\mathbf{Mik}}}$	n Doc te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P,T	DOUGLAS M FEE	754 PAN AM ANENUE
Add X _			NAPLES, FL 34110
Remove 2) Change	D	JAMES C LOMBARDO	775 GLENDALE AVENUE
Add			NAPLES, FL 34110
Remove 3) X Change	P	ROBERT DIMODICA	731 PARK AVENUE
Add Remove			NAPLES, FL 34110
4) Change	V	ALAN COTE	779 GLENDALE AVENUE
X Add			NAPLES, FL 34110
Remove 5) Change	S,T	HOLLY MCMASTER	755 PARK AVENUE
X Add			NAPLES, FL 34110
Remove			
6) Change Add			
Remove			

E. If amending or adding additi	onal Articles, ente	er change(s) h	rep:			
(attach additional sheets, if nec	essary). (Be spe	cific)	. <u></u> .			
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	e date of each amendment(s) ado e this document was signed.	os/11/2019 ption:	, if other than the
Eff	ective date <u>if applicable</u> :	06/27/2019	
		(no more than 90 days after amendment file	date)
Not doc	te: If the date inserted in this block ument's effective date on the Department.	does not meet the applicable statutory filing requirement of State's records.	airements, this date will not be listed as the
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ado was/were sufficient for approval.	oted by the members and the number of votes cast	t for the amendment(s)
	There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amen	ndment(s) was/were
	Dated/	7/1	
	Signature	Mar	
	have not been	In or vice chairman of the board, president or oth selected, by an incorporator – if in the hands of a pointed fiduciary by that fiduciary)	er officer-if directors receiver, trustee, or
		ROBERT A DIMODICA	
		(Typed or printed name of person sig	gning)
		PRESIDENT	
		(Title of person signing)	