

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sterling Isles Commons Association, Inc.

DOCUMENT NUMBER: N00000007111

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

Please return all correspondence concerning this matter to the following:

Brad Phelps

(Name of Contact Person)

Anchor Associates, Inc.

(Firm/ Company)

3940 Radio Rd. Suite 112

(Address)

Naples, FL 34104

(City/ State and Zip Code)

admin@anchormanagers.com

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

For further information concerning this matter, please call:

Brad Phelps

(Name of Contact Person)

at (**239**) **649-6357**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Sterling Isles Commons Association, Inc.

14 AUG 25 PM 12:57

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

N00000007111

(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:

_____ The new 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 MUST BE A STREET ADDRESS)

Anchor Associates, Inc.

3940 Radio Rd Suite 112

Naples, FL 34104

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Anchor Associates, Inc.

3940 Radio Rd Suite 112

Naples, FL 34104

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: Brad Phelps

3940 Radio Road Suite 112

(Florida street address)

New Registered Office Address:

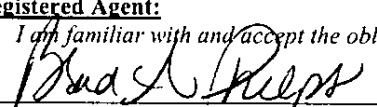
Naples, Florida 34104

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Jerry McGuire</u>	<u>3940 Radio Rd Suite 112</u> <u>Naples, FL 34104</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VT</u>	<u>Bill Mann</u>	<u>3940 Radio Rd Suite 112</u> <u>Naples, FL 34104</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Elaine Marquard</u>	<u>3940 Radio Rd Suite 112</u> <u>Naples, FL 34104</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Leonard Reina</u>	<u>3940 Radio Rd Suite 112</u> <u>Naples, FL 34104</u>
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	_____	_____	_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

STATE OF MISSISSIPPI
DIVISION OF CORPORATIONS

Effective date if applicable: _____
(no more than 90 days after amendment file date) 8/25 PM 12:57

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/01/2014

Signature Brad Phelps

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Brad A. Phelps

(Typed or printed name of person signing)

Manager / Agent

(Title of person signing)