

NID50 00011083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

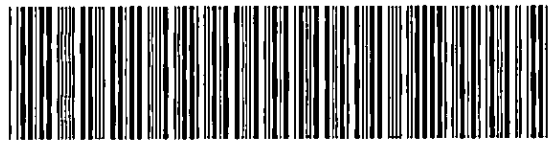
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
18 DEC -7 PM 3:00

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2018 DEC -7 PM 12:18
STATE
FBI

Amend

DEC 10 2018
ALBRITTON

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

<p>NAME OF ENTITY</p> <p><i>Gulf Harbor Marina</i> <i>Condominium Association, Inc.</i></p>	<p>FOR OFFICE USE ONLY</p>
-------------------------------------------------------------------------------------------------	----------------------------

PICK ONE:

CERTIFIED COPY PHOTOCOPY C.U.S.

FILING:

CORPORATION LLC LIMITED PARTNERSHIP GENERAL PARTNERSHIP
 FICTITIOUS NAME SERVICEMARK/TRADEMARK AMENDMENT
 FOREIGN QUALIFICATION JUDGMENT LIEN
 OTHER _____

RETRIEVAL:

GOOD STANDING CERT/C.U.S. CERTIFIED COPY PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 12/7/18 TIME _____

Notes: _____

Articles of Amendment
to
Articles of Incorporation
of

Gulf Harbor Marina Condominium Association, Inc.

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

N05000011083

(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)

100 Circuit Road

Nokomis FL 34275

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

100 Circuit Road

Nokomis, FL 34275

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 _____
(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

2018 DEC 7 PM 12:18
FILED

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DVP</u>	<u>MICHELLE C CARLTON</u>	<u>800 Highland Ave.,</u> <u>Suite 200</u> <u>Orlando FL 32803</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DVP</u>	<u>JACK BRAINARD</u>	<u>320 Myrtle Ave</u> <u>Nokomis FL 34275</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DST</u>	<u>CHARLES S CARLTON</u>	<u>800 Highland Ave</u> <u>Suite 200</u> <u>Orlando FL 32803</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DS</u>	<u>DEBORAH MULCAHEY</u>	<u>320 Unicorn Road</u> <u>Venice FL 34239</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>PRESTON BOLT</u>	<u>462 Valley Stream Drive</u> <u>Geneva FL 32732</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>MICHAEL BURKE</u>	<u>1223 Yacht Harbor Drive</u> <u>Osprey FL 34229</u>

Each Amendment shall be effective at 5PM on 12/5/18

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 5, 2018 at 1PM _____

Signature /s/: Michael Burke _____

(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)

Michael Burke

(Typed or printed name of person signing)

President

(Title of person signing)