## 712468

| (Requ                                   | estor's Name)   | 120       |  |
|---|-----------------|-----------|--|
| (Addre                                  | ess)            |           |  |
| (Addre                                  | ess)            |           |  |
| (City/S                                 | State/Zip/Phone | ÷#)       |  |
| PICK-UP                                 | WAIT _          | MAIL      |  |
| (Busin                                  | ness Entity Nan | ne)       |  |
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SECRIFIANT OF STATE
DIVISION OF CORPORATION
1/ CFP 15 PM 4: 19

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Inlet Beac  | ch Water Sy  | rstem, Inc.  |
|--|--|--|
| DOCUMENT NUMBER: 712468  |  |  |
| The enclosed Articles of Amendment and fee are subn  | nitted for filing.   |  |
| Please return all correspondence concerning this matte   | r to the following:  |  |
| Robin P. Haynes  |  |  |
| Address of Address of  | (Name of Contact Persor  | 1)   |
| Inlet Beach Water Syste  | m, Inc.  |  |
|  | (Firm/ Company)  |  |
| 149 Carson Ln  |  |  |
|  | (Address)  | <del></del> ,  |
| Panama City Beach, FL  | 32413  | •  |
|  | (City/ State and Zip Code  | e)   |
| office.ibws@medi   | acombb.ne  | t  |
| E-mail address: (to be used  |  |  |
| For further information concerning this matter, please   | call:  | •  |
| Robin P. Haynes  | at (850  | 231-4498  ode & Daytime Telephone Number)  |
| (Name of Contact Person)   | (Area Co   | ode & Daytime Telephone Number)  |
| Enclosed is a check for the following amount made pa   | yable to the Florida Depa  | artment of State:  |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status                                  | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$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 | Amend<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building Executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



14 SEP 15 PH 4: 19

| 712468  |  |   |                                 |         |
|---|--|---|---------------------------------|---------|
| (Docu   | iment Number of Co   | rporation (if known)  |                                 |         |
| Pursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati  |  | s, this <i>Florida Not For I</i>                                | Profit Corporation adopts the f | ollowin |
| A. If amending name, enter the new name   | me of the corporat   | on:   |                                 |         |
| n/a   |  |   |                                 | The nev |
| name must be distinguishable and contain<br>"Company" or "Co." may not be used in   |  | ion" or "incorporated"  |                                 |         |
| B. Enter new principal office address, i  | f annlicable:  | n/a   |                                 |         |
| Principal office address <u>MUST BE A ST</u>  | REET ADDRESS   |   |                                 |         |
|   |  |   |                                 |         |
|   |  |   |                                 |         |
|   |  |   |                                 |         |
| C. Enter new mailing address, if applic   | cable:   | n/a   |                                 |         |
| C. Enter new mailing address, if applic<br>(Mailing address MAY BE A POST O   | cable:<br>OFFICE BOX)  | n/a   |                                 |         |
| C. Enter new mailing address, if applic<br>(Mailing address MAY BE A POST O   | cable:<br>DFFICE BOX)  | n/a   |                                 |         |
| C. Enter new mailing address, if applic<br>(Mailing address MAY BE A POST O   | cable:<br>DFFICE BOX)  | n/a   |                                 |         |
| (Mailing address <u>MAY BE A POST O</u>   | OFFICE BOX)  |   |                                 |         |
| C. Enter new mailing address, if applic (Mailing address MAY BE A POST O  D. If amending the registered agent and new registered agent and/or the new | <i>DFFICE BOX)</i><br>d/or registered offi                   | ce address in Florida, e  | nter the name of the            |         |
| (Mailing address MAY BE A POST O  | <i>DFFICE BOX)</i><br>d/or registered offi                   | ce address in Florida, e  | nter the name of the            |         |
| (Mailing address MAY BE A POST O  | OFFICE BOX)<br>d/or registered offi<br>v registered office a | ce address in Florida, e  | nter the name of the            |         |
| (Mailing address MAY BE A POST O  | OFFICE BOX)<br>d/or registered offi<br>v registered office a | ce address in Florida, e  | nter the name of the            |         |
| (Mailing address MAY BE A POST O  | d/or registered office a                                     | e address in Florida, e<br>ddress:                              | nter the name of the            |         |
| O. If amending the registered agent and new registered agent and new registered Agent:  | d/or registered office a                                     | e address in Florida, e<br>ddress:                              | nter the name of the            |         |
| (Mailing address MAY BE A POST Of the new registered agent and new registered agent and Name of New Registered Agent:                                 | d/or registered office a                                     | ce address in Florida, e<br>ddress:<br>(Florida street address) |                                 |         |
| (Mailing address MAY BE A POST Of the new registered agent and new registered agent and Name of New Registered Agent:                                 | d/or registered office a                                     | ce address in Florida, eddress:  (Florida street address)       | , Florida(Zip Code)             |         |

Page 1 of 4

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 | <u>PT</u><br><u>V</u><br><u>SV</u> | John Do<br>Mike Jos<br>Sally Sm | <u>nes</u> |             |
|----------------------------------|------------------------------------|---------------------------------|------------|-------------|
| Type of Action (Check One)       | Title                              |                                 | Name       | Address     |
| 1) Change                        |                                    | _                               |            |             |
| Add                              |                                    |                                 |            |             |
| Remove                           |                                    |                                 |            |             |
| 2) Change                        |                                    |                                 |            |             |
| Add                              |                                    |                                 |            |             |
| Remove                           |                                    |                                 |            |             |
| 3) Change                        |                                    |                                 |            |             |
|                                  |                                    | <del>_</del>                    |            |             |
| Add                              |                                    |                                 |            |             |
| Remove                           |                                    |                                 |            | <del></del> |
| 4) Change                        |                                    |                                 |            | 10007       |
| Add                              |                                    |                                 |            |             |
| Remove                           |                                    |                                 |            |             |
|                                  |                                    |                                 |            |             |
| 5) Change                        |                                    | _                               |            |             |
| Add                              |                                    |                                 |            |             |
| Remove                           |                                    |                                 |            |             |
|                                  |                                    |                                 |            |             |
| 6) Change                        |                                    |                                 |            |             |
| Add                              |                                    |                                 |            |             |
| Remove                           |                                    |                                 |            |             |

| (attach additional sheets, if necessary). (Be specific)  |
|--|
| Amendment to the By-Laws of Inlet Beach Water System, Inc.                                       |
| Specifically, Article III, Membership and Membership Certificates, Section 5 to read as follows: |
| Section 5: At any meeting of the members of the Corporation, each member shall                   |
| be entitled to one vote only, regardless of the number of certificates of membership             |
| held, provided the member is in good standing for all certificates held. All members             |
| shall be entitled to vote at any meeting of the members.   |
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E. If amending or adding additional Articles, enter change(s) here:

| The  | date of each amendment(s)                             | August 16, 2014  | still in   | _, if other than the |
|------|---|--|--|----------------------|
| date | this document was signed.                             | •  | SUCIAL TARY OF STATE<br>DIVISION OF CORPORATIONS |                      |
| Effe | ctive date <u>if applicable</u> :                     | (no more than 90 days after amendme  | ent filleliSEP 15 PH 4: 19                       |                      |
| Ado  | ption of Amendment(s)                                 | ( <u>CHECK ONE</u> )   |  |                      |
|      | The amendment(s) was/wer was/were sufficient for appr | e adopted by the members and the number of vooval.   | ites cast for the amendment(s)                   |                      |
|      | There are no members or m adopted by the board of dir | embers entitled to vote on the amendment(s). T ectors.   | he amendment(s) was/were                         |                      |
|      | <sub>Dated</sub> Sep                                  | tember 9, 2014   |  |                      |
|      | Signature   | Lobin Haines   |  | _                    |
|      | have not  | hairman or vice chairman of the boald, presiden<br>been selected, by an incorporator – if in the har<br>urt appointed fiduciary by that fiduciary) |  |                      |
|      | Robin F   | P. Haynes  |  |                      |
|      | ·   | (Typed or printed name of person signing)  |  |                      |
|      | Corpora   | ate Secretary  |  |                      |
|      |   | (Title of person signing)  |  |                      |