## 716400

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer:	
Special instructions to	riling Officer.	

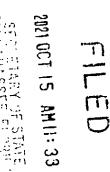
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A. RAMSEY

ULI 25 2021

A. RAMSEY

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	Tower Isle Associa	tion, Inc.
DOCUMENT NUMBER	716400	
The enclosed Articles of A	mendment and fee are sul	omitted for filing.
Please return all correspond	dence concerning this mat	tter to the following:
Chris Canterbury		
<del> </del>		(Name of Contact Person)
Tower Isle Association, Inc	2.	
		(Firm/ Company)
17400 Gulf Boulevard		
-		(Address)
North Redington Beach, Fl	. 33708	
		(City/ State and Zip Code)
towerislemailbox@gmail.co	om	
	e-mail address: (to be used	for future annual report notification)
For further information con-	cerning this matter, please	· call:
Lisa Moser		262 818-9204 at
	(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing A	ddress	Street Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED
2021 OCT 15 AMIL: 33

Tower Isle Association, Inc.

(Name of Corporation as currently filed with the Flori	da Dept. of State)	₹5000 %1.4.
716400		MILANASSEE FIRE
(Document No	umber of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorpore	nted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>ESS</u> )	***
	<del></del>	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered	office address in Flori	da, enter the name of the
new registered agent and/or the new registered offi		
Name of New Registered Agent: N/A		
		(Florido street address)
New Registered Office Address:		
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		ept the obligations of the position.
	Signature of New Reg	gistered 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	<u>PT</u> <u>John D</u> V <u>Mike J</u> SV <u>Sally S</u>	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	Amelia Petrilla	
× Remove			
2) Change Add	<u>D</u>	Patricia Gentile	
X   Remove	<u>S</u>	Chris Canterbury	North Redington Beach, FL 33708
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or add (attach additional sho	ing additional Ar eets, if necessary).	ticles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	(s) adoption:	, if other than the
Effective date if applicable:	Remove Petrilla S 9/15/21; Change Canterbury S 9/20/21; Remove Gentile 10/6/21	
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be ne Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s)	

re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were bred by the board of directors.
10/7/2021
Dated 10/7/2021
Signature 1 a. 3. XM/
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors
Signature 1 a. 3. XM/
Signature  (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

President, Tower Isle Association, Inc.