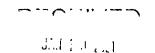
729238

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3/2/21

COVER LETTER

TO: Amendment Section Division of Corporations Eagle Bend Island Association, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lydia Hope Perdue (Name of Contact Person) (Firm/ Company) 17134 Dorado Circle (Address) Jacksonville, Florida 32226 (City/ State and Zip Code) lydiahopeperdue@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lydia Hope Perdue 904 9233347 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address 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

FILED

Eagle Bend Island Association, Inc.

2021 JAN 19 PH 5: 15

Name of Corporation as currently filed with the Florida	Dept. of State)	OF OBETA BLADE
729238		SECRETARY OF STATE TALLAHASSEE, FL
(Document Nun	nber of Corporation (if ki	
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	ation:	
name must be distinguishable and contain the word "corpor	metine" on "linearing	The new
"Company" or "Co." may not be used in the name	ration or incorporated	or me universation Corp. or inc.
B. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16970 Eagle Bend Be	pulevard
	Jacksonville, Florida	32226
D. If amending the registered agent and/or registered of	ffice address in Florida.	enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
	(FI	orida street address)
New Registered Office Address:		
	(City)	, Florida (Zip Code)
	•	(Zip Crae)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am p		the obligations of the position
The second approximation to exponential agents of any	min and and accept	one sangularis by the position.
	Signature of New Regist	red 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	PT John De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u> </u>	Mike Getchell	1185 Eagle Bend Court Jacksonville, Florida 32226
x Remove			
2) Change Add	<u>STD</u>	Lorraine Walker	17446 Elsinore Drive Jacksonville, Florida 32226
S) Remove Change Add Remove	PD	Samuel A. Shaw	17283 River Isle Circle Jacksonville, Florida 32226
4) Change Add	SD	Lvdia Hope Perdue	17134 Dorado Circle Jacksonville, Florida 32226
Remove			
5) Change Add	<u>VPD</u>	Christopher Wright	1260 Gorham Street Jacksonville, Florida 32226
Remove			
6) Change Add	TD	Daniel J. McCaskill	1839 Eagle Bend Terrace Jacksonville, Florida 32226
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

			
 -			
			
			
			
	·-		
	1.1.20.2020		
The date of each amendment	(s) adoption: July 20, 2020		, if other than the
date this document was signed			
and angular			
Effective date <u>if applicable</u> :	July 20, 2020		
mappineante.	(no more than 90 days after o	imendment file data)	
	the more man to days after t	menamen jae une)	
Note: If the date inserted in th	is block does not meet the applicable stat	more filing requirements, this date will	not be listed as the
document's offective date on t	ie Department of State's records.	same and requirements, this date will	nor be used as the
accument a effective date on t	ic treparunent of state's records.		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	December 23, 2020
Signatu	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)
	Samuel A. Shaw
	(Typed or printed name of person signing)