735890

| KELLY TROJAS |
|---|
| (Requestor's Name) POBOX 3965 (Address) |
| (Address) |
| (Address) |
| 1/4/1/- /= L · 3 2 3 / 5 (City/State/Zip/Phone #) |
| (City/State/ZIp/Filone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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CRETARY OF STATE

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DEPARTMENT OF STAT

JUL 1 6 2015 D CONNELL

Articles of Amendment to Articles of Incorporation of

Paradise Village of Shell Point Homes Association, Inc.

| (Name of Corporation as c | currently filed with the F | lorida Dept. of State) | | | | |
|--|---|--------------------------------------|-------------------------------|--|--|--|
| 735890 | | | | | | |
| (Document | Number of Corporation (i | f known) | | | | |
| Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation: | Statutes, this <i>Florida Not</i> | For Profit Corporation | adopts the following | | | |
| A. If amending name, enter the new name of the cor | poration: | | | | | |
| | | | The new | | | |
| name must be distinguishable and contain the word "co <u>"Company" or "Co." may not be used in the name</u> . | orporation" or "incorpora | ted" or the abbreviation | "Corp." or "Inc." | | | |
| B. Enter new principal office address, if applicable: | % Kelly's Associa | % Kelly's Association Management LLC | | | | |
| (Principal office address <u>MUST BE A STREET ADDI</u> | RESS) 191 Pine Lane | | | | | |
| | Crawfordville, FL | 32327 | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | % Kelly's Associa | tion Management LLC | 5 JUL LAHA | | | |
| - · · · · · · · | Post Office Box 39 | 965 | 33.50 9.40 1.00 1.00 | | | |
| | Tallahassee, FL 3 | 32315 | F.S.1 | | | |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of | | ia, enter the name of th | RIDA | | | |
| | lly Rojas | | | | | |
| • | Pine Lane | · | | | | |
| New Registered Office Address: | | (Floridu street address) | | | | |
| Cra | wfordville, | | 32327 | | | |
| | (City) | Florida Clin | a Code) | | | |
| | •• | (24) | 0000) | | | |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I | <mark>stered Agent:</mark> am familiar,with and acce | ept the obligations of the | position. | | | |
| | Till Rosa | | | | | |
| | Signature of New Reg | ristered Agent, if changin | ıg | | | |

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> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---------------------------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | Ken Leonard | Post Office Box 3965 |
| Add | | | Tallahassee, FL 32315 |
| X Remove | | | |
| 2) Change | D | Helen Livingston | Post Office Box 3965 |
| Add | | | Tallahassee, FL 32315 |
| X Remove | | | |
| 3) Change | D | Bill Birdwell | Post Office Box 3965 |
| Add | | | Tallahassee, FL 32315 |
| X Remove | | | |
| 4) Change | D | Alice Lindquist | Post Office Box 3965 |
| X Add | | | Tallahassee, FL 32315 |
| Remove | | | |
| 5) Change | D | Kevin Kerckhoff | Post Office Box 3965 |
| X Add | | | Tallahassee, FL 32315 |
| Remove | | | |
| 6) Change | D | Pat Watson | Post Office Box 3965 |
| X Add | | | Tallahassee, FL 32315 |
| Remove | | | |

| (attach additional sheets, if necessary). | (Be specific) | | | |
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| | • • • | July 1, 2015 | |
|------|---|---|---------------------|
| The | date of each amendmen | | , if other than the |
| date | this document was signe | d. | |
| | | July 1, 2015 | |
| Effe | ctive date <u>if applicable</u> : | | |
| | | (no more than 90 days after amendment file date) | |
| | | this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records. | t be listed as the |
| Ado | ption of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/was/were sufficient for a | were adopted by the members and the number of votes cast for the amendment(s) approval. | |
| | There are no members of adopted by the board of | or members entitled to vote on the amendment(s). The amendment(s) was/were directors. | |
| | July Dated | 1, 2015 | |
| | | | |
| | | | |
| | Signature | AND WILL STATE OF THE STATE OF | |
| | (By if | ne 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) | |
| | | | |
| | E | d Haney | |
| | _ | (Typed or printed name of person signing) | |
| | P | resident | |
| | | (Title of person signing) | |