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Office Use Only



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SECRETARY OF STATEMENT OF CORPORATION

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MAY 1 6 2017

D CUSHING

COVER LETTER

TO: Amendment-Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: Harbour House Condominium at Ocean Reef, | m | |
|--|-----------|--|
| DOCUMENT NUMBER: 740480 | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Mike Hryniuk (Name of Contact Person) | | |
| (Name of Contact Person) | | |
| CSI management Services (Firm Company) | | |
| 31 Ocean Reef Dr. Suite C 303 | | |
| Key Largo, Fl. 33037 (City/ State and Zip Code) | | |
| mhryniuk @ csimsi.com | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Mike Hryniuk (Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number) |) - | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | 2 | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | | |
| \$35 Filing Fee \$\times \text{\$43.75 Filing Fee } & \times \text{\$43.75 Filing Fee} \text{\$\text{\$\text{Certificate of Status}}} \text{\$\text{Certificate of Status}} \text{\$\text{\$\text{Certified Copy}}\$ & \text{\$\text{\$\text{Certified Copy}}\$ & \text{\$\text{\$\text{\$\text{Certified Copy}}\$}\$ & \$\text{\$\ | HED STATE | |
| Mailing Address Street Address | | |
| Amendment Section Amendment Section Division of Cornerations Division of Cornerations | | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

| Articles | of | |
|---|---|------------------------|
| Harbour House Condon | ninium at Ocean Reef | !, Inc. |
| | tly filed with the Florida Dept. of State) | |
| 7404 | 80 | |
| (Document Number | er of Corporation (if known) | |
| | | |
| ursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation: | s, this Florida Not For Profit Corporation adopts | ine tollowing |
| . If amending name, enter the new name of the corporati | ion: | |
| \sim | .10 | The new |
| ame must be distinguishable and contain the word "corporat Company" or "Co." may not be used in the name. | ion" or "incorporated" or the abbreviation "Corp | ," or "Inc." |
| Enter new principal office address, if applicable: | <u> </u> | <u></u> |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) | ı | = 1 |
| | | |
| | | <u>ි</u> |
| Enter new mailing address, if applicable: | nla | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | F2 72: 43 |
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| | | ົ້ມ |
| | | |
| If amending the registered agent and/or registered office new registered agent and/or the new registered office a | | |
| | | |
| Name of New Registered Agent: | T (W | |
| | (Florida street address) | |
| New Registered Office Address: | [| |
| | , Florida | |
| | (City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered | Agent | |
| hereby accept the appointment as registered agent. I am fai | miliar with and accept the obligations of the positio | n. |
| | | |
| | | |
| Çi | ignature of New Registered 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 <math>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>V</u> <u>Mik</u> | n Doe e Jones y Smith | |
|----------------------------------|---------------------|---------------------------------------|---|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add Remove | <u>Pres</u> | David Haber | 31 Ocean Reef Dr. Suite C305 Key Largo, Fl. 3303 |
| 2) Change Add Remove | <u>D</u> | Jose Abrante | 31 Ocean Reef Dr. Suite C 303 Key Largo, Fl. 3308 |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | · · · · · · · · · · · · · · · · · · · | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| • | al Articles, enter changary). (Be specific) | | |
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| The date of each amendment(s) adoption: | , if other than th |
|---|------------------------------|
| 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 da document's effective date on the Department of State's records. | te will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendm was/were sufficient for approval. | ent(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors. | ere |
| Dated 3-8-17 | |
| Signature & Maluli | |
| (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator — if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary) | |
| John SoliShuy (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| <u> </u> | |
| (Title of person signing) | |