

742131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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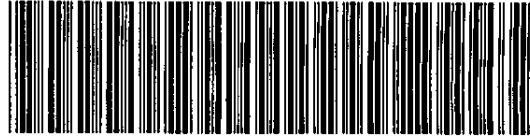
(Business Entity Name)

(Document Number)

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15 MAY - 8 AM 5:26  
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MAIL ROOM - ST. PETERSBURG, FL 34703

CRm  
5-15-15

**DICKER, KRIVOK & STOLOFF, P.A.**

ATTORNEYS AT LAW

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JOHN R. SHEPPARD, JR.

May 5, 2015

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FAX  
(561) 615-0128

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

RE: Delaire Country Club, Inc.  
Corrected Articles of Amendment  
Document No. 742131

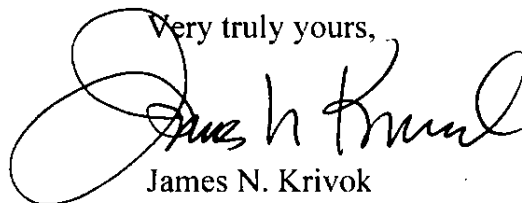
Dear Ladies or Gentlemen:

On May 20, 2014, Del-Aire Country Club filed with the State of Florida, Division of Corporations, its Fifth Amended and Restated Articles of Incorporation to amend Article I and Article X. However, in Paragraph A of the Articles of Amendment the correct name of the corporation was inadvertently omitted. Article I of the Fifth Amended and Restated Articles of Incorporation reflects the proper spelling of the corporate name, Delaire Country Club, Inc. (with no hyphen).

We have enclosed "Corrected" Articles of Amendment to change the spelling of the corporation to "Delaire Country Club, Inc." (no hyphen). Would you please file this with the Division of Corporations and return a confirmation to this office.

We have enclosed your filing fee of \$35.00 payable to the Florida Dept. of State. If you have any questions, please fee free to contact me.

Very truly yours,



James N. Krivok  
For the Firm

JNK/bjl  
Enc.  
cc: Art Newman

15 MAY -8 AM 5:26  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**"CORRECTED"** Articles of Amendment  
to  
Articles of Incorporation  
of

**Del-Aire Country Club, Inc.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**742131**

(Document Number of Corporation (if known))

FILED  
15 MAY - 8 AM 5:26  
STATE  
FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

**Delaire Country Club, Inc.**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* \_\_\_\_\_

(Florida street address)

*New Registered Office Address:*

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature 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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: May 20, 2014  
*(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

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

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated \_\_\_\_\_

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 other court appointed fiduciary by that fiduciary)

**Trent R. Squire**  
\_\_\_\_\_  
(Typed or printed name of person signing)

**General Manager / Chief Operating Officer**  
\_\_\_\_\_  
(Title of person signing)