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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Good Sams Club of ON:	Florida, Inc.		
	755293			
DOCUMENT NUMBER:				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	er to the following:		
Forest Weston				
	-	(Name of Contact I	erson)	
		(Firm/ Compan	iy)	
109 Admiral Lane				
		(Address)		
DeBary, FL 32713				
		(City/ State and Zip	Code)	
forestjr@bellsouth.net				
	i-mail address: (to be used	I for future annual re	port notification	vii)
For further information con	cerning this matter, please	call:		
Forest Weston		a	407	417-7560
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	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 Certified Copy (Additional copy enclosed)	Certi: is Certi: (Add	0 Filing Fee ficate of Status fied Copy itional Copy is

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation of



Good Sams Club of Florida, Inc.

(Name of Corporation as currently filed with the Florida I	Dept. of State)
755293	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat Sunshine State Camping Club. Inc.	ion: The new
name must be distinguishable and contain the word "corpora." "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	109 Admiral Lane
(Principal office address <u>MUST BE A STREET ADDRESS</u>	DeBary, F1, 32713
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	109 Admiral Baise Cane
	DeBary, FL 32713
D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a	ce address in Florida, enter the name of the
Name of New Registered Agent:	MOTCOS:
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
	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 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 Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		_	
4) Change Add		_	
Remove			
51 Change Add		_	
Remove			
6) Change Add		_	
Remove			
E. If amending or addir (attach additional shee	ng additions. if nece	onal Articles, enter change(s) here: essary). (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	

		
		
		
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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(in	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Dated	
Signatur	
	(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) Forest Weston
	other court appointed fiduciary by that fiduciary)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were