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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	ROYAL HAWAIIAN	CLUB CONDOMI	NIUM ASSO	CIATION, INC
756- DOCUMENT NUMBER:				
The enclosed Articles of Amend	<i>ment</i> and fee are subm	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Kristen Hubler				
	(Name of Contact Pe	rson)	
Premier CAM Services, LLC				
		(Firm/ Company	·)	
PO Box 152047				
		(Address)		
Cape Coral, FL 33915				
	(4	City/ State and Zip (Code)	
admin@premiercams.net				
E-ma	l address: (to be used f	or future annual rep	ort notification	1)
For further information concerni	ng this matter, please c	all:		
Kristen Hubler		at	239	217-6599
(Na	ne of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made pay	able to the Florida I	Department of	State:
■ \$35 Filing Fee	\$43.75 Filing Fee & C Certificate of Status	3843.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif S Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
<u>Mailing Addr</u> Amendment S			eet Address nendment Sect	ion

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

ROYAL HAWAIIAN CLUB CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation	as current	ly filed with the Florida	Dept, of State)		
756442					
(Docur	nent Numbe	er of Corporation (if know	vn)		
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not For P</i>	rofit Corporation ad	opts the following	
A. If amending name, enter the new name of the	e corporatio	on:			
				The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" o	or the abbreviation "	Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		3436 Marinatown Lane Ste 3			
		North Fort Myers, FL 33	5903		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		c/o Premier CAM Servi	ces. LLC	55 55 54 27 77	
		PO Box 152047		2	
		Cape Coral, FL 33915			
D. If amending the registered agent and/or registered agent and/or the new register			ter the name of the	7:21	
Name of New Registered Agent:	Premier C.	AM Services, LLC		, I *-	
indicated the state of the stat	3436 Mari	natown Lane Ste 3			
<u>New Registered Office Address:</u>		(Floria	la street address)		
	North Fort	Myers	, Florida	33903	
		(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing I	Registered A	Agent:			
I hereby accept the appointment as registered agen	nt. I am fan	nitiar with and accept the	obligations of the p	osition.	
_	144	enature of New Registere	d 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 = ChiefExecutive 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>V</u> <u>Mike</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	LINDA RIVERA	PO Box 152047
Add			Cape Coral, FL 33915
Remove			
2) X Change	V	ALLEN KAVANAUGH	PO Box 152047
, Add			Cape Coral, FL 33915
Remove			
3) X Change	Т	DEANNA STACK	PO Box 152047
Add			Cape Coral, FL 33915
Remove			
4) X Change	S	DAISY SUTTON	PO Box 152047
Add	<u> </u>		Cape Coral, FL 33915
Remove			
5) X Change	D	ELLEN TAIBI	PO Box 152047
Add			Cape Coral, FL 33915
Remove			
Channe			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(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: (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 document's effective date on the Department of State's records.	e 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 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) Linda Rivera (Typed or printed name of person signing)	-