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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: harbor view comm	ercial condominium as	sociation, IN	C·
757859 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
JASON CONSTABLE			
	(Name of Contact P	erson)	
CONSTABLE UPHOLSTERY			
	(Firm/ Compan	y)	
4155 WHIDDEN BLVD #7			
	(Address)		
PORT CHARLOTTE FL 33980			
	(City/ State and Zip	Code)	
OVERTHEBARSS@COMCAST.NET			
E-mail address: (to be us	ed for future annual re	port notification	1)
For further information concerning this matter, pleas	se call:		
JASON CONSTABLE	at	941	
(Name of Contact Perso	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
☐ \$35 Filing Fee		Centif is Centif	D Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address mendment Sect vision of Corpo ne Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HARBOR VIEW COMMERCIAL CONDOMINIUM ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 757859 (Document Number of Corporation (if known) 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: 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. JASON CONSTABLE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4155 WHIDDEN BLVD #7 PORT CHAROTTE FL 33980 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: JASON CONSTABLE Name of New Registered Agent: 4155 WHIDDEN BLVD #7 (Florida street address) New Registered Office Address: PORT CHARLOTTE _, Florida <u>____</u> (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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>P</u>	ROBERT KOENIG	4165 WHIDDEN BLVD #5 & 6 PORT CHARLOTTE FL 33980
2) Change Add	<u>P</u>	JASON CONSTABLE	4155 WHIDDEN BLVD #7 PORT CHARLOTTE FL 33980
Remove 3)	<u>V</u>	JEMAINE BELL	4165 WHIDDEN BLVD # 3 PORT CHARLOTTE FL 33980
4) Change Add	TS	JANE DUKE	4155 WHIDDEN BLVD #9 PORT CHARLOTTE FL 33980
Remove 5) Change	D	CAROL HOULE	P.O. BOX 496414 PORT CHARLOTTE FL 33948
Remove 6) Change Add			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

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		, if other than the
date this document was signed.		
Effective date if applicable:		
fnective date in applicable.	more than 90 days after amendment file date)	
(716)		
<u>Note:</u> If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not b 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.	the members and the number of votes cast for the amendment(s)	

There are no members or members enti- adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were
Dated 7/28/20	>
have not been select	vice chairman of the board, president or other officer-if directors ted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
•	(Typed or printed name of person signing)
PRE	(Title of person signing)