751993

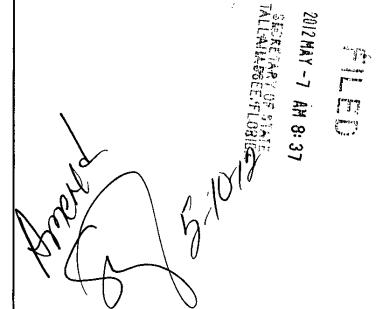
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600234733786

05/07/12--01019--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations'

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: SMYRN	14 SURFA	RI CIUB, INC
DOCUMENT NUMBER: 75799	·	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
VICTORIA 1	M. VAV (Name of Contact Pers	DOREN Son)
SMYRNA SURF	ARI C/U/ (Firm/ Company)	B, Inc.
P.O.Box 23	62	
	(Address)	
NEW SMYRNABE	ACH, FL	32170
	(City/ State and Zip Co	ode)
Victoria Vand E-mail address: (to be used	oren@gm for future annual repoi	ail. Com t notification)
For further information concerning this matter, please of	call:	
VICTORIAM. VAN DOFE (Name of Contact Person)	at (384 (Area	20
Enclosed is a check for the following amount made pay	able to the Florida De	partment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Stree	et Address
Amendment Section		ndment Section ion of Corporations
Division of Corporations	DIVIS	ion of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the joiliowing amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation; 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 (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

Page 1 of 4

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	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	CD	VAN DOREN, MICHAEL	K. POBOX1382 NEW SMYRNA BEACH, FL 32180
2) Change Add Remove	Cs	KRAKER, LAURENCE	L. 2305 HTLL STREET NEW SMYRNA BEACH, FL 32169
3) Change Add Remove		<u> </u>	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Arti	(2)
attach additional sheets, if necessary).	(Be specific)
1//	· · · · · · · · · · · · · · · · · · ·
NH	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:5/3/12					
Effe	ective date if applicable: 5/3//2				
	(no more than 90 days after amendment file date)				
Ado	option of Amendment(s) (CHECK ONE)				
X	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.				
	Dated5'/3//2				
	Signature Jamas M. Mart				
	(By the chairman of 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)				
	JAMES M. MARTIN				
	(Typed or printed name of person signing)				
	(Title of person signing)				