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COVER LETTER TO: Amendment Section Division of Corporations COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM ASSOCIATION, INC. NAME OF CORPORATION: A STATE DATE OF CONTRACTOR 6 759065 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kristen Hubler (Name of Contact Person) Premier CAM Services, LLC (Firm/ Company) PO Box 152047 (Address) Cape Coral, FL 33915 (City/ State and Zip Code) admin@premiercams.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kristen Hubler 217-6599 239 at (Name of Contact Person) (Area Code) (Davtime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

| • . | Artic | les of Amendment | |
|--|--|---|---|
| | Article | to . es of Incorporation | 2 |
| • | | of | 12 |
| COUNTRY PINES OF NORTH FORT MYERS | CONDON | 4INIUM ASSOCIATION. | INC. |
| (Name of Corporation | n as curre | ntly filed with the Florid | a Dept. of State) |
| 759065 | | | |
| (Docu | ment Num | ber of Corporation (if kno | wn) |
| Pursuant to the provisions of section 617.1006. Flo mendment(s) to its Articles of Incorporation: | | | Profit Corporation adopts the following |
| A. If amending name, enter the new name of th | <u>e co</u> rporat | <u>tion:</u> | |
| ume must be distinguishable and contain the word | .1 | and the second | The new The new |
| ame must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | uton or incorporated | or the appreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | | 3436 Marinatown Lane | Ste 3 |
| Principal office address <u>MUST BE A STREET A</u> | |) North Fort Myers, FL 3 | 2002 |
| | | do Bramiar CAM Sarvi | |
| 2. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u> | <u>BOX</u>) | c/o Premier CAM Servi PO Box 152047 Cape Coral, FL 33915 | ces. LLC |
| | <u>BOX</u>) | | ces. LLC |
| (Mailing address <u>MAY BE A POST OFFICE</u>). <u>If amending the registered agent and/or regi</u> | stered offi | PO Box 152047 Cape Coral, FL 33915 ice address in Florida, en | |
| (Mailing address <u>MAY BE A POST OFFICE</u>). <u>If amending the registered agent and/or registered agent and/or the new registered</u> | stered offi red office : | PO Box 152047 Cape Coral, FL 33915 ice address in Florida, en address: | |
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| (Mailing address <u>MAY BE A POST OFFICE</u>). <u>If amending the registered agent and/or registered agent and/or the new registered</u> | <u>stered offi</u> red office 2 Premier (| PO Box 152047 Cape Coral, FL 33915 ice address in Florida, en address: CAM Services, LLC rinatown Lane Ste 3 | ter the name of the |
| (Mailing address <u>MAY BE A POST OFFICE</u>). <u>If amending the registered agent and/or registered agent and/or the new registered</u> | <u>stered offi</u> red office a Premier (3436 Ma | PO Box 152047 Cape Coral, FL 33915 ice address in Florida, en address: CAM Services, LLC rinatown Lane Ste 3 | |
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| (Mailing address <u>MAY BE A POST OFFICE</u>). If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent: <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : | stered offi red office 2 Premier (3436 Ma 3436 Ma | PO Box 152047 Cape Coral, FL 33915 ice address in Florida, en address: CAM Services, LLC rinatown Lane Ste 3 (Floru ort Myers (City) | ter the name of the la street address) |
| (Mailing address <u>MAY BE A POST OFFICE</u>)). <u>If amending the registered agent and/or registered agent and/or the new registered Agent:</u> <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if changing F</u> | stered offi red office a Premier (3436 Ma 3436 Ma North Fo Registered | PO Box 152047 Cape Coral, FL 33915 ice address in Florida, en address: CAM Services, LLC rinatown Lane Ste 3 (Florid oft Myers (City) | ter the name of the la street address) Florida 3390.3 (Zip Code) |
| (Mailing address <u>MAY BE A POST OFFICE</u>). If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent: <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : | stered offi red office a Premier (3436 Ma 3436 Ma North Fo Registered | PO Box 152047 Cape Coral, FL 33915 ice address in Florida, en address: CAM Services, LLC rinatown Lane Ste 3 (Florid oft Myers (City) | ter the name of the la street address) Florida 3390.3 (Zip Code) |

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add | | <u>Doe</u> Jones Smith | |
|--|--------------|------------------------------|----------------------|
| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | Address |
| I) X Change | <u> </u> | JENNIFER MACKLER | PO Box 152047 |
| Add | | | Cape Coral, FL 33915 |
| Remove | | | |
| 2) <u>X</u> Change | VP | DONALD LABARGE | PO Box 152047 |
| Add | | | Cape Coral, FL 33915 |
| Remove | | | |
| 3.) <u>X</u> Change | [) | DEBORAH FUTCH | PO Box 152047 |
| Add | | | Cape Coral, FL 33915 |
| Remove | | | |
| 4) X Change | Т | BRODY SMOLLET | PO Box 152047 |
| Adđ | | | Cape Coral, FL 33915 |
| Remove | | | |
| 57 X Change | <u>s</u> | JIM DEFEE | PO Box 152047 |
| Add | | | Cape Coral, FL 33915 |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | Page 2 of 1 | |

| f amending or adding additional Artic attach additional sheets, if necessary). | (Be specific) | | | | |
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| The date of each amendment(s) adoption: | | if other than the |
|---|---|-------------------|
| date this document was signed. | | |
| · | | |
| 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 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

Oct. 2, 2019 Fistak

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)

DEBORAH FUTCH (Typed or printed name of person signing)

DIRECTOR

(Title of person signing)