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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Salt Run II Condominium Association, In
DOCUMENT NUMBER: 760 496
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dena Tuten (Name of Contact Person)
(Name of Contact Person)
AIA Realty Associates of St. Johns Co., Inc. (Firm/Company)
S495 AIA South (Address)
: (Address)
St. Augustino FL 32086 (City/State and Zin Code)
(Citý/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joyce Williams at 904 461-9696 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Salt Kun	TI Cond	ominium :	Associati	on, Inc.
(Name of Corporation as current)	y filed with the Flo	rida Dept. of State)		<del></del>
	760 4	196		
(Document	760 4 Number of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		es, this <i>Florida Not Fo</i>	or Profit Corpora	tion adopts the following
A. If smending name, enter the new na	me of the corporat	ion:		
			<u> </u>	The new
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corpora the name	tion" or "incorporate	d" or the abbrevi	ation "Corp." or "Inc."
B. Enter new principal office address. t (Principal office address <u>MUST BE A ST</u>		5495	AIA Sou	with
	TOTAL TOPPENS	St. Aug	usting 1	<u>-7 340</u> 80
C. Enter new mailing address, if applie	able:	<495 h	41A Sou	Sh
C. Enter new mailing address, if applie (Mailing address MAY BE A POST G	TTICE BOX	St. Augu	ting F	- 32080
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D. If amending the registered agent and new registered agent and/or the new			cuter the name	of the
	_	na Tuten		
			<u> </u>	
	5 7 75	AIA Sout	<del></del>	
New Registered Office Address:	4			- 6.4
	St. Aug	ustine	Florida	34080
	(City)	•	(Zip Coc	le)
New Registered Agent's Signature, if ch	anging Registered	Agent:	e eks aklia asiawa e	of the manisian
I hereby accept the appointment as registe			i ine optigations (	y ine position.
		حالات المالية		
Sigi	nature oj New Kegis	stered Agent, if changi	ng.	

Page 1 of 4

If ameuding 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:

 $P = President; V \sim Vice President; T = Treasurer; S = Secretary; D = Director; TR - Trustee; C = Chairman or Clerk; CEO - Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following mamner. 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 us an Add.

Example:  X Change X Remove X Add	PT         John D           V         Mike Je           SV         Sally S	ones	
Type of Action (Check One)	<u>Tide</u>	Name	<u>Addres</u> s
Change Add Remove	<u>V, D</u>	Imagene Dunn	317 Flag for Blid #1A St. Augustine, FL 32080
2) Change Add Remove	_0_	Patricia Mainardi	405 Flagler Blud #1B St. Augustine, FL 32080
3) Change Add	TS	Ann Schreckengost	317 Flagler Blvd #8A St. Augustine, FC 32080
4) Change Add Remove	P, D	Anthony Layton	2960 Coastal Huy. #6A St. Augustine FZ 32084
5) Change Add Remove	_D_	David Tomlinson	3711 NW 23rd Place Gainsville, FL 32605
6) Change Add Remove			

stach additional shei	ets, if necessary).	ticles, enter chi (Be specific)				
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The date of each amendment(s) adoption	:
Effective date if applicable:	March 21 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members end adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
Dated	113
Signature	ing fill follow
have not been scle	vice chairman of the board president or other officer-if directors cted, by an incorporator — if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)
An	thony W. Layton
(Type	d or printed name of person signing)
	President
(Title	of person signing)