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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Indigo Po	int Condominium Association, Inc.	
DOCUMENT NUMBER: 762645		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Edwin D. Davis, II, Esquire		
	(Name of Contact Person)	
Edwin D. Davis, II, P.A.		
	(Firm/ Company)	
550 Memorial Circle, Suite M	1	
. :	(Address)	
Ormond Beach, FL 32174		
Section of the substitution of the section of the s	(City/ State and Zip Code)	
degavner@cfl.rr.com		
E-mail address: (to be a	used for future annual report notification)	
For further information concerning this matter, ple	ease cali:	
Tot farmer (mormation concerning this matter, pre	use cuit.	
Nancy DeGayner	at (386) 852-1500	
(Name of Contact Per		
Enclosed is a check for the following amount mad-	e navable to the Florida Department of State:	
-	•	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee Certificate of State	* & \$43.75 Filing Fee & \$\square\$\$\$ \$2.50 Filing Fee	
Certificate of Stat	cus 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	
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Articles of Amendment to Articles of Incorporation of

INDIGO POINT CONDOMINIUM ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 762645 (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. 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 (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 Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name .	Address
l) Change			
Add			
Remove	,		
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:JURC_16, _1997 date this document was signed.	, if other than th
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 wild document's effective date on the Department of State's records.	ll not be 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 June 14, 2016 Signature Surger Urike	
Signature Susan Urike	
(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)	
SUSAN M. URIBE	
(Typed or printed name of person signing)	
President	•
(Title of person signing)	