764961

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opecial instructions to 1 mily officer.

Office Use Only



400327834394

04/12/19--01009--005 ••35.00

19 APR 12 AH 8: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2019
T SCHROEDER

Articles of Amendment

to

Articles of Incorporation

of

Boca Grande Unit				<u>, In</u>	<u>C</u>
76	4961				
		oration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Floride</i>	a Profit Corporation	adopts the fo	llowing a	mendment(s) to
A. If amending name, enter the new name of the corpora	tion:				
				T	he new
name must be distinguishable and contain the word "corn" "Inc.," or Co.," or the designation "Corp," "Incword "chartered." "professional association," or the abbrev	c," or "Co".	ompany," or "incor A professional corpo	porated" or oration name	the abbi must coi	reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		-		7 .	
(Frincipal office address MOST BE A STREET ADDRESS					<u>.</u>
			: -		<u>\$</u> 1
			i.		5 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			1	η-< Τα :	.⇒ IΠI
				- J.	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
				ङ्≒ा	<u>ಲಾ</u>
				<u>0m (</u> ≯	ယ ——
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		Florida, enter the n	ame of the		
Name of New Registered Agent					
	lorida street add	ress)	_ .		
New Registered Office Address:			. Florida		
New Registered Office Hadress.	(City)		, 17101104	(Zip Cod	de)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		d accept the obligation	ous of the nos	ition	
тистелу иссертте ирролитет из тедыстей идет. Тит н	umuu niiti Uli	a accept the obligation	газ ој те роз		
	-AMaria Diseases	red 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: XChange	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	CFO Smedley, Ray	751-2 S. Harber Dr.
Add Remove		Boca Grande, FC 339.21
2) Change Add	Chairman Kieffer, Stephen (Bolof Trustees	<u> </u>
Remove		3392 Fm 3
3) Change		APR I
Add		2 1
4) Change Add		: 5 2
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)		
stach dualional sheets, if hecessary,	(be specific)		
			_
			-
			-
			_
	<u> </u>		-
			-
			_
			-
			-
			_
			-
=			_
		<u> </u>	-
			-
	. <u> </u>		_
		Z_{∞}	
		 3	-
		19 APR 12 ECRETANY I	
		<i>₹ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</i>	•
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	388	,
provisions for implementing the amer	ndment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		75	
		85 8 5	_
		0 7 5 N	-
			_
			-
			-
			_
			_

The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	t
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	19 SE
The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder	FIL APR 12 CHETARY AHASSE
Dated	4/9/19 119/11/01 C. (A)	
Signature	190111Ci (19,050)	AH 8: 52 OF STATE
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	2. 10
арроі	nted fiduciary by that fiduciary)	
	Rebecca de Rosa (Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	