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| (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: | | | | | |
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Office Use Only

B. KOHR

OCT 1 4 2011

EXAMINER



000213093230





ACCOUNT NO. : I2000000195

REFERENCE: 945014

7512829

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 13, 2011

ORDER TIME : 2:53 PM

ORDER NO. : 945014-005

CUSTOMER NO: 7512829

DOMESTIC AMENDMENT FILING

NAME: GULFVIEW OFFICE COMPLEX, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER'S INITIALS:

COVER LETTER

| | | | | |
|--|--|--|---|--|
| , | | | | |
| | C | COVER LETTER | | Ex Control |
| TO: Registration Se Division of Cor | | | | TOO IS MA 835 |
| SUBJECT: | | FICE COMPLEX, LI ed Liability Company | _C | ************************************** |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | I |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | | LINDA MULLINS Name of Person | | 1 |
| | | | | I |
| | BEAC | H TITLE SERVICES, L | LC | |
| | 4 LAGU | UNA STREET, SUITE | 101 | |
| | FORT WAL | TON BEACH, FLORID City/State and Zip Code | A 32548 | |
| | | chcommunitybank.com | | |
| For further information of | concerning this matter, please ca | · | , | |
| | DA MULLINS of Person | at (<u>850</u>) Area Code & D | 244-0350 aytime Telephone Number | |
| | | | | ı |
| Enclosed is a check for t | | □\$55.00 BH== E== P | TORONO Elling Per | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fcc & Certified Copy | \$60.00 Filing Fee, Certificate of Sta | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10cr 3 Marshan

| GULFVIEW OFFICE COMPLEX, LLC | 14 |
|--|----------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | (|
| (A Fronta Emitted Elability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on 12/02/2010 and assigned | |
| Florida document numberL10000124264 | |
| | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| 71. If afficienting name, enter the new name of the finited naplicy company next. | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevial | tior |
| "L.L.C." | |
| Enter new principal offices address, if applicable: | _ |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | _ |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | _ |
| | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: | iev |
| The state of the s | |
| Name of New Registered Agent: | |
| | _ |
| New Registered Office Address: Enter Floridu street address | _ |
| | |
| , Florida, Zip Code | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

| | Nama | Address | Type of Action |
|---------------|--|--|----------------|
| <u> Fitle</u> | <u>Name</u> | Address | Type of Action |
| | Beach Community Bank | 17 SE Eglin Parkway Fort Walton Beach, Florida 32548 | Add Remove |
| MGR_ | W. Scott McCormick | 17 SE Eglin Parkway Fort Walton Beach, Florida 32548 | Add Remove |
| ·· | | | Add Remove |
| · | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter char | nge(s) here: (Attach additional sheets, if necessary.) | |
| | | | |
| | | | |
| | | | _ |
| Dated | October 13 , 20 Signature of a member | 11 Der or authorized representative of a member | |

Page 2 of 2

Filing Fec: \$25.00