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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PALMER SQUA	RE EAST CONDO	MINIUM ASSOCIATION, INC.		
DOCUMENT NUMBER: N0000005860				
The enclosed Articles of Amendment and fee are subr	nitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Marlene Shaw				
	(Name of Contact Persor	(۱)		
Associa Gulf Coast, Inc.				
	(Firm/ Company)			
9887 Fourth Street North	n, Suite 301			
	(Address)	**************************************		
Saint Petersburg, FL 337	702			
	(City/ State and Zip Code)		
dsolarte@associa				
E-mail address: (to be used	•	notification)		
For further information concerning this matter, please				
Marlene Shaw	727	577-2200		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made page	yable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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			

Articles of Amendment Articles of Incorporation

PALMER SQUARE EAST CONDOMINIUM ASSOCIATION, INC.

• • •	Article	s of Amendment			6.6%
to Articles of Incorporation					14 M.
PALMER SQUARE EAS	T CONDOM	of NINIUM ASSOC	IATION. IN	C.	
(Name of Corporation as currentl					
N0000005860					A
(Docu	iment Number of Co	rporation (if known)			/ 20
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For Pi</i>	rofit Corporation a	dopts the fol	
A. If amending name, enter the new name	me of the corporati	on:			
PALMER SQUARE EAS	<u> CONDOM</u>	NIUM ASSOCIA	ATION, INC	ن	ie new
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" o	r the abbreviation	"Corp." or	'Înc."
B. Enter new principal office address, i	f applicable:	9887 Fourth St	reet North		
(Principal office address <u>MUST BE A ST</u>	Suite 301				
		Saint Petersbu	rg, FL 3370	02	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	9887 Fourth S	treet North			
		Suite 301			
		Saint Petersbu	ırg, FL 337	02	
D. If amending the registered agent and new registered agent and/or the new			er the name of the	ŧ.	
Name of New Registered Agent:	Associa Gu	lf Coast, Inc.			
	9887 Fourth	Street North, Su	ite 301		
New Registered Office Address:		(Florida street address)			
New Registered Office Address.	Saint Peters	sbura	Blacks 3370)2	
	(City)	- · · · - · · J	Fiorida	(Zip Code)	
New Registered Agent's Signature, if ch	anging Registered	Agent:		•	
l hereby accept the appointment as registe	red agent. I den fau	niliak with and accept the	obligations of the	position.	
with the second of the second	Signature of New	Registered Agent, if chang	ging		

Page 1 of 4

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	PAINTER, CHARLES	9887 Fourth St. N.
Add			Suite 301
Remove			St. Petersburg, FL 33702
2) X Change	<u>T</u>	MONTGOMERY, THOMAS	9887 Fourth St. N.
Add			Suite 301
Remove			St. Petersburg, FL 33702
3) X Change	VS	BLAU, LORIANN	9887 Fourth St. N.
Add			Suite 301
Remove			St. Petersburg, FL 33702
4) Change		<u></u>	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			Control of the Contro
Add			
Remove			
6) Change		***************************************	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
(attach additional sheets, if necessary).	(Be specific)				
n/a					
· · · · · · · · · · · · · · · · · · ·					
	Add to be brighted about 1 and				
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	date of each amendment		, if other than the		
	late this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)				
		(no more than 90 days after amenament file date)			
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)			
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.			
	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	13 June 2014			
	Signature	a raile	#		
		chairman or vice chairman of the board, president or other officer-if directors			
		not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)			
		HARLES W PAINTE			
		(Typed or printed name of person signing)			
		President			
		(Title of person signing)			