N01000001130

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Amend (10,10,14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Radio Square	Commercial Conc	lominium Association, Inc.			
DOCUMENT NUMBER: NO100001130					
The enclosed Articles of Amendment and fee are subm	nitted for filing.				
Please return all correspondence concerning this matte	r to the following:				
Brad A Phelps					
	(Name of Contact Person)			
Anchor Associates, Inc.	•				
	(Firm/ Company)				
3940 Radio Road, Suite 112					
	(Address)				
Naples, FL 34104					
	(City/ State and Zip Code	2)			
admin@anchorm					
E-mail address: (to be used	•	otification)			
For further information concerning this matter, please	call:				
Brad A Phelps	_{at (} 239	649-6357 de & Daytime Telephone Number)			
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee \$\sum \\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation

Radio Square Commercial Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N01000001130 (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:

Page 1 of 4

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	<u>n Doe</u> <u>e Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>D</u>	William Avery	2200 Kingfish Rd
Add			Naples, FL 34102
X Remove			
2) Change	D	Regina Scholten	3940 Radio Road Suite 112
X Add			Naples, FL 34104
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			_
Remove			
5) Change			
Add			
Remove			-
6) Change		 	
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
<u> </u>	
<u> </u>	

date this document was signed.	ouon:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
Dated Signature (By the charm have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
(1	Typed or printed name of person signing) Presicles t (Title of person signing)	