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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Royal Palms of St Lu	cie			
DOCUMENT NUMBER: _	NO200000	7010			
The enclosed Articles of Amo	endment and fee are subn	nitted for filing.			
Please return all corresponde	nce concerning this matte	r to the following:			
Kaitlin Goedeke					
		(Name of Contact	Person)		
Royal Palms of St Lucie					
		(Firm/ Compa	iny)		
P.O. Box 12334					
		(Address)			
Fort Pierce, FL 34979					
		(City/ State and Zi	p Code)		
royalpalmspresident@gmail.	com			/	
E.	-mail address: (to be used	for future annual i	eport notification	n)	
For further information conc	erning this matter, please	call:			
Kaitlin Goedeke			772	801-8698	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florid	a Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copenciosed)	Certit y is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314			2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Royal Paims of Structe, Inc.		
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
N02000007010		
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adop	ts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Co	
B. Enter new principal office address, if applicable:	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		· 60
		A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRES
C. Enter new mailing address, if applicable:		77. T
(Mailing address MAY BE A POST OFFICE BOX)		
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D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	. Florida	
	(City) (Zip Coo	le)
New Registered Agent's Signature, if changing Registered 2	Arront	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the pos.	ition.
Sig	gnature of New Registered Agent, if changing	

address of each Offic (Attach additional shee Please note the officer, P = President; V = Vic	e r and/or I ets, if neces /director tit e President O = Chief F	Director being added: sary) the by the first letter of the office title; t; T= Treasurer; S= Secretary; D= Directions of the Officer/director he	each officer/director being removed and title, name, and to the control of the co
a change, Mike Jones i	leaves the c	· · · · · · · · · · · · · · · · · · ·	listed as the PST and Mike Jones is listed as the V. There in and S. These should be noted as John Doe, PT as a Change
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	Kaitlin Goedeke	P.O. Box 12334
Add			Fort Pierce, FL 34979
Remove			
2) Change	VP	Jennifer Wiggins	P.O. Box 12334
X Add			Fort Pierce, FL 34979
Remove			
3)Change	P	Justine Theisen	P.O. Box 12334
Add			Fort Pierce, FL 34979
X Remove			
4) Change			·
Add			i
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			

_ Remove

attach additional sheets, if necessary).	(Be specific)
	
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	June 7, 2019	
The date of each amendmet		, if other than វៀ
late this document was signe		
Teenation dans temperatus Ele	June 7, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	i i
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	!
There are no members o adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.	'
Dated 6/17/	/2019	
Signature	Kit De Comment	
have	ne charman 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)	
K	aitlin Goedeke	1
	(Typed or printed name of person signing)	
Pr	resident	; !
_	(Title of person signing)	I