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(Re	questor's Name)	,
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ISLAND ACRES NAME OF CORPORATION:	S ASSOCIATION, INC.		
N02000007391 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	latter to the following:		
Kristen Hubler			
	(Name of Contact Person)		
Premier CAM Services			
	(Firm/ Company)		
PO Box 152047			
	(Address)		
Cape Coral, Fl. 33915			
	(City/ State and Zip Code)		
admin@premiercams.net			
E-mail address: (to be u	ised for future annual report notification)		
For further information concerning this matter, plea	ase call:		
Kristen Hubler	239 340-0740 at		
(Name of Contact Per			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:		
	& D\$43.75 Filing Fee & D\$52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

121	AND	ACRES	ASSOC	TATIO	V INC
104	ひいりい	ALC: NAME:	α		

(Name of Corporation	as current	tly filed with the Florida Dept	t. of State)	•	_
N02000007391	-		, , , , , , , , , , , , , , , , , , ,		
(Docum	ent Numbe	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not For Profit</i> (Corporation adopts the	follow	ing
A. If amending name, enter the new name of the	corporati	on:			
		-	· · · · · · · · · · · · · · · · · · ·	The n	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or the	abbreviation "Corp." c	ir "Inc	
B. Enter new principal office address, if applical	ble:	3046 Del Prado Blvd S. Ste 1.	A2		
(Principal office address MUST BE A STREET A)		Cape Coral, FL 33904		4 620	
				10	 _ŋ
		-	<u> </u>	> -	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3 <i>0</i> X)	PO Box 152047		72	
	 -	Cape Coral, FL 33915	·;	رب	
			2	্ত	
D. Ifdisable maintained and analysis	4d of C.	anddess is Etonida autouth	a name of the		
D. If amending the registered agent and/or regis new registered agent and/or the new registered			ie name or the		
Name of New Registered Agent:	Premier C	AM Services			
	3046 Del	Prado Blvd S Ste 1A2			
		(Florida stree	et address)		
<u>New Registered Office Address:</u>	Com a Com	d.	33904		
	Cape Cora	(City)	Florida <u></u> . (Zip Code)		
		•	(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			zations of the position.		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
_	Si	gnature of New Registered see	int, 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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	Р	PAUL HARRISON	C/O PREMIER CAM SERVICES
Add			PO BOX 152047
Remove			CAPE CORAL, FI. 33915
2) X Change	V	JANET DEILE	C/O PREMIER CAM SERVICES
Add			PO BOX 152047
Remove			CAPE CORAL, FL 33915
3) X Change	S	WILLIAM POTTER	C/O PREMIER CAM SERVICES
Add			PO BOX 152047
Remove			CAPE CORAL, FL 33915
4) X Change	τ	MARJ GREEN	C/O PREMIER CAM SERVICES
Add			PO BOX 152047
Remove			CAPE CORAL, FL 33915
5) X Change	D	ROBERT MARTINDALE	C/O PREMIER CAM SERVICES
Add			PO BOX 152047
Remove			CAPE CORAL, FL 33915
0 0			
6) Change			
Add			
Remove			

If amending or adding additional Ar (attach additional sheets, if necessary).	rticles, enter chai (Be specific)	ige(s) here:		
			,	
				
· -				
				<u> </u>
			···	
				
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The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	c does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
There are no members or membe adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated	17.18	
Signature	End Herrin	
	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	
other court ap	pointed fiduciary by that fiduciary)	
	Paul Harrison	
	(Typed or printed name of person signing)	
	Parsadont	

(Title of person signing)