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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PRESIDE	NTIAL	PLACE	ASSOCIATION	INC.	
DOCUMENT NUMBER:	N02240	,				
The enclosed Articles of Amenda	nent and fee are su	bmitted for fil	ing.			
Please return all correspondence	concerning this ma	tter to the follo	owing:			
	LARRY:	5MTH				
			ontact Person		_	
Sn	SMITH, SMITH + ASSOCIATES INC Firm/ Company					
		Firm/	Company			
<i>6</i> 3	6249 PRESIDENTIAL CT					
		Ac	ldress		_	
F٥	RT MUER	S, FL 3	33919			
		City/ State	and Zip Code			
E-ma For further information concerni	il address: (to be us		annual report	notification)		
LARRY SMITH	}	at	, 239	485 - 3573 le & Daytime Telephone Nun		
Name of Contact	Person		Area Cod	le & Daytime Telephone Nun	iber	
Enclosed is a check for the follow	ving amount made	payable to the	Florida Depa	rtment of State:		
- ·	3.75 Filing Fee & tificate of Status	S43.75 F Certified (Additions enclosed)	Copy al copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addr			Address			
Amendment S Division of Co	Amendment Section Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Tallahassee, F						

Articles of Amendment to Articles of Incorporation of

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PRESIDENTIAL PLACE ASSOCIATION, INC.

(Name of Corporation as current			۾.
DACCON			(
(Document Number	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 F	or Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporation	on:		
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporat	The new ed" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ESIDENTIAL CT SUITE	- P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SIDENTIAL CT SUTIE-A	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office an	e address in Florid ddress:	a, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)	;
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accep	ot the obligations of the position.	
Si	gnature of New Regi	istered Agent 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: X Change X Remove X Add	<u>PT</u> <u>John I</u> <u>V</u> <u>Mike</u> <u>SV</u> <u>Sally</u>	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change Add	<u>T, D</u>	LARRY R SMITH	FORT MYERS, FL 33919
Remove 2) Change Add	<u>T, D</u>	JEFFREY LEDWARD	6049 PRESIDENTIAL CT STE. B. FORT MYERS FL 33919
Remove 3) Change	<u>s, D</u>	JAMES LUCCISANO	6249 PRESIDENTIAL CT STE-B FORT MYERS, FL 33919
Remove 4) Change Add	<u> 800</u> 0		
Remove 5) Change Add Remove			
4) Change Add Remove			
· -		n 1 af 4	

f amending or adding additional Artistach additional sheets, if necessary).	(Be specific)
-	
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	date of each amendment(s) adoption	on: 7/3	1/20		, if other than the
	this document was signed.	7/31	100		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in the trace in application.		days after amendm	ent file date)	
<u>Note</u> Iocu	: If the date inserted in this block do ment's effective date on the Departn	oes not meet the app nent of State's recor	olicable statutory fil ds.	ing requirements, this date will n	ot be listed as the
Adoj	otion of Amendment(s)	(<u>CHECK ONE</u>)			
•	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members a	nd the number of v	otes cast for the amendment(s)	
	There are no members or members of adopted by the board of directors.	entitled to vote on th	he amendment(s).	The amendment(s) was/were	
	Dated8	17/20			
	Signature	1 suco		<u> </u>	
	have not been se		oorator – if in the ha	nt or other officer-if directors ands of a receiver, trustee, or	
	4	ARRY Sm	TH_		
		(Typed o	or printed name of p	person signing)	
	5	ECRETARY	TREASUS	ZER	
			(Title of person	signing)	