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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	RIVER PLACE TOV		DIATION, INC.	·
	N03000001443			
DOCUMENT NUMBER: _			 .	<u></u> .
The enclosed Articles of Am	endment and fee are subn	nitted for filing.		
Please return all corresponde	nce concerning this matte	r to the following:		
Kristen Hubler				
		(Name of Contact I	Person)	
Premier CAM Services				
		(Firm/ Compar	ny)	
PO Box 152047				
		(Address)		
Cape Coral, FL 33915				
		(City/ State and Zip	Code)	
admin@premiercams.net				
<i>.</i> ,	-mail address: (to be used	for future annual re	port notificatio	n)
For further information conc				
Kristen Hubler		а	239 t	340-0740
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
	nt Section f Corporations	A D	treet Address mendment Sect ivision of Corp	
P.O. Box 6	03.27	C	lifton Building	

2661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

RIVER PLACE TOWNHOUSE ASSOCIATION	N, INC.				
(Name of Corporatio	<u>n as current</u>	tly filed with the Flor	ida Dept. of State)		
N03000001443					
(Docu	iment Numbe	er of Corporation (if k	nown)		
ursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following		
a. If amending name, enter the new name of the	ie corporati	on:			
			The new		
ame must be distinguishable and contain the wor Company" or "Co," may not be used in the nan		ion" or "incorporated	I" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applic	able:	3046 Del Prado Blvd	IS Ste IA2		
Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	Cape Coral, FL 3390	14		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S BOX)	PO Box 152047			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cape Coral, FL 33915			
D. If amending the registered agent and/or registered agent and/or the new registered Agent: Name of New Registered Agent:	ered office ac		enter the name of the		
Same of New Registered Agem.		Prado Blyd S - Ste 1A	2		
New Registered Office Address		Œ	lorida street address)		
New Registerea Cypice 2datess	Cape Cora	5 1	33904		
	-	(City)	, Florida (Zip Code)		
			•		
New Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registeren .	Agent: niliar with and accept	the obligations of the position.		
	nu. 1 am jan	······			
	ra. 1 am jar				
		(10	Loved Agent, if changing Chang		

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:

 $P \Rightarrow President; V \Rightarrow Vice President; T = Treasurer; S \Rightarrow Secretary; D \Rightarrow Director; TR \Rightarrow Trustee; C \Rightarrow Chairman or Clerk; CEO \Rightarrow Chief Executive Officer; CFO \Rightarrow Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	$\overline{\underline{\mathbf{V}}}$ $\underline{\underline{\mathbf{M}}}$	ohn <u>Doc</u> like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	p	Nancy Singer	PO Box 152047
Add			Cape Coral, FL 33915
Remove			
2) Change	SD	Eric Craig	
Add			
X Remove			
3) Change	TD	Thomas Guess	
Add			
X Remove			
4) X Change	<u>v</u>	Charles Patak	PO Box 152047
Add			Cape Coral, FL 33915
Remove			
5) Change	<u>V</u>	Austin David	
Add			
X Remove			
6) Change	ST	Inge Appleton	PO Box 152047
X Add			Cape Coral, FL 33915
Remove			

f amending or adding utach additional sheet:	s, if necessary). (Be specific)				
			-			
		-			_	
			<u>-</u>		<u> </u>	
					·	
			 _			
						
				 		
						
<u> </u>		_ 				·
						

The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
<u>Not</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records.	: listed as the
Add	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
¥	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 6/29/17	
	Signature Signat	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Janey Siviger Typed or printed name of person signing)	
	Dryped or printed frame or person signing)	
	(Title of person signing)	