Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003116313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : COGENCY GLOBAL, INC. Account Number : I20000000088 : (800)221-0102 Phone

: (800)944-6607 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN TALIS PARK GOLF CLUB, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

Electronic Filing Menu — Corporate Filing Menu

Help

J. HORNE

SEP - 7 2023

From: Merrett Walker Fax: 15182130737 To; Fax: (850) 617-6380

Page: 2 of 5 09/06/2023 4:24 PM

Articles of Amendment to
Articles of Incorporation FILED 00

Arucies	of incorporation	23 SEP -6 AH D:
Talis Par	k Golf Club, Inc.	
(Name of Corporation as currently filed with the Florida D	ept. of State)	TALLAMASSEE, FLOR
N0400	00001650	EOM
(Document Number	er of Corporation (if kr	lown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	16665 Toscana (	Circle
Principal office address MUST BE A STREET ADDRESS	Naples, Florida 3	4110
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		
D. If amending the registered agent and/or registered offic		enter the name of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
Now Registered Office Address:	(Fl	orido street address)
New Nermieren Office Andress		
	(City)	, Florida (Zip Code)
	(City)	(Lip Solly
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept	the obligations of the position.
Si	gnature of New Registe	ered 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>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
Change Add X Remove	Р	Tyler W. Kitson	4500 PGA Boulevard Suite 400 Palm Beach Gardens, FL 33418
2) Change	D/P	Marion Butch Stewart	4500 PGA Boulevard Süite 400 Palm Beach Gardens, FL 33418
Remove 3) Change Add X Remove	VP	Butch Stewart	4500 PGA Boulevard Suite 400 Palm Beach Gardens, EL 334.18
4) Change X Add	D	Kathi Mattsson	4500 PGA Boulevard Suite 400 Palm Beach Gardens, FL 33418
Remove  5) Change  X Add	<u>0</u>	Kevin Shields	4500 PGA Boulevard Suite 400
Remove  б) Change Add	<u></u>	- Add to the state of the state	Palm Beach Gardens, FL 33418
E. If amending or additional sho		onal Articles, enter change(s) here assary). (Be specific)	

From: Merritt Walker

Fax: 15182130737

To:

Fax: (850) 617-6380

Page: 4 of 5

09/06/2023 4:24 PM

		<del></del>
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		· · · · · · · · · · · · · · · · · · ·
		<del></del>
		•
		**************************************
The date of each amendment(s) ac late this document was signed.	doption: July 31, 2023	, if other than the
Effective dute <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble locument's effective date on the De	ack does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were at was/were sufficient for approv.	dopted by the members and the number of votes cast for the amendmenal.	eni(s)

From: Merritt Walker

Fax: 15182130737

To:

Fax: (850) 617-6380

Page: 5 of 5

09/06/2023 4:24 PM

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

August 21, 2023

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Marion Butch Stewart, Board of Director and President

(Typed or printed name of person signing)

(Title of person signing)