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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATIO | BLUE CRAB KEY C | CONDOMINIUM A | SSOCIATION | . INC. |
|--------------------------------|-----------------------------------------------|--------------------------------------------------------------------------|----------------------|------------------------------------------------|
| | N04256 | | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amo | endment and fee are subm | nitted for filing. | | |
| Please return all corresponde | nce concerning this matter | r to the following: | | |
| Kristen Hubler | | | | |
| | | (Name of Contact Pe | erson) | · |
| 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 used | for future annual rep | ort notification | 1) |
| For further information conce | erning this matter, please o | call: | | |
| Kristen Hubler | | _ at | 239 | 340-0740 |
| (| Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the fo | ollowing amount made pay | rable to the Florida I | Department of S | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & { Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certifi s Certifi | 0 Filing Fee icate of Status ied Copy is used) |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEL

| BLUE CRAB KEY CONDOMINIUM ASSOCIATION, INC. | | | 2017 DEC -8 FM 3: 2 | | | |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|------------------------------------|--|--|--|
| (Name of Corporation | as current | tly filed with the Florida De | pt. of State) | | | |
| N04256 | | | | | | |
| (Docum | nent Numbe | er of Corporation (if known) | ۶, | | | |
| Pursuant to the provisions of section 617.1006. Flor amendment(s) to its Articles of Incorporation: | rida Statute | s, this <i>Florida Not For Profi</i> | t Corporation adopts the following | | | |
| A. If amending name, enter the new name of the | corporați | on: | | | | |
| N/A | | | The new | | | |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | | ion" or "incorporated" or th | | | | |
| B. Enter new principal office address, if applica | | 3046 Del Prado Blvd S Ste 1A2 | | | | |
| B. Enter new principal office address, it applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | | Cape Coral, FL 33904 | | | | |
| | | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | PO Box 152047 | | | | |
| | | Cape Coral, FL 33915 | | | | |
| | | | | | | |
| D. If amending the registered agent and/or registered agent and/or the new registered | | | the name of the | | | |
| | Premier CAM Services 1 1 C | | | | | |
| Name of New Registered Agent: | 3046 Del Prado Blyd S Ste 1A2 | | | | | |
| | 3040 Det | | vet address) | | | |
| New Registered Office Address: | | proma si | eer wan exsy | | | |
| | Cape Cora | al | , Florida 33904 | | | |
| | | (Citv) | (Zip Code) | | | |
| | | • | • | | | |

Signature of New Registered 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 | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| samending or adding additional Art ttach additional sheets, if necessary). | (Be specific) | | | | |
|----------------------------------------------------------------------------|---------------|-------------|-----|-------------|-------------|
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| The date of each amendment(s) as | loption: | _, if other than the |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| date this document was signed. | | |
| Effective date if applicable: | | |
| , | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the Do | ack does not meet the applicable statutory filing requirements, this date will not partment of State's records. | be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a was/were sufficient for approv | dopted by the members and the number of votes cast for the amendment(s) al. | |
| There are no members or mem adopted by the board of direct | bers entitled to vote on the amendment(s). The amendment(s) was/were ors. | |
| Dated | 14/2017 | |
| Signature | chelle megu- | _ |
| have not be | rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | MICHELLE MORGAN | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |