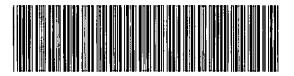
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Gulf Breeze Condom	inium Association o	of Steinhatchee,	Inc		
DOCUMENT NUMBER:	N05000008088					
The enclosed Articles of Am	endment and fee are subm	nitted for filing.				
Please return all corresponde	ence concerning this matte	r to the following:				
Robert Prado - CAM and Ro	egistered Agent					
<del></del>		(Name of Contact P	'erson)			
Nature Coast Association M	gmt LLC					
	<del></del>	(Firm/ Compan	y)			
PO Box 55						
		(Address)				
Steinhatchee, FL 32359						
	-	(City/ State and Zip	Code)			
ncam.rprado@gmail.com					16 E	ن <sup>ت</sup> ن
E	-mail address: (to be used	for future annual re	port notification	<u> </u>	-4 rs	٠٠٠٠٠ ســــــــــــــــــــــــــــــــ
For further information cond	erning this matter, please	call:			iπ ,	
Robert Prado		a	904	253-0842	- 133 - 134 - 47	٠٠٠ <u>-</u> ريز
	(Name of Contact Person)	)	(Area Code)	(Daytime Telephor	ne Number) -	STICES.
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida	Department of S	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fcc & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee leate of Status led Copy lional 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

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_, Florida \_ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Bryan Wiles	PO Box 55
Add			Steinhatchee, FL 32359
X Remove			
2) Change	<u>s</u>	Todd Scott	PO Box 55
X Add			Steinhatchee, FL 32359
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

much dudinima shee	ets, if necessary).	(be specific)				
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The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
·		
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 Depar	does not meet the applicable statutory filing requirements, this date will not timent of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop was/were sufficient for approval.	ited by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 10-7-2019		
Signature (By the chairma	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 pointed fiduciary by that fiduciary)	
Robert Prad	lo, CAM	
	(Typed or printed name of person signing)	
Registered A	Agent	
	(Title of person signing)	