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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

*. (*

| NAME OF CORPORATION: DEL MAR RETAIL | . CENTER CONDOM | INUM ASSO | CIATION, INC. |
|--|--------------------------|--|---|
| N06000012947 | | | |
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. | | |
| Please return all correspondence concerning this matter | er to the following: | | |
| Christopher Shucart | | | |
| | (Name of Contact Per | rson) | . |
| DEL MAR RETAIL CENTER CONDOMINUM AS | SSOCIATION, INC. | | |
| - | (Firm/ Company) | + | · · · · · · · · · · · · · · · · · · · |
| 2614 Tamiami Trail North, Suite 615 | | | |
| | (Address) | | |
| Naples, FL 34103 | | | |
| | (City/ State and Zip C | ode) | |
| chris@jcsrealtygroup.com | | | |
| E-mail address: (to be used | d for future annual repo | ort notification |) |
| For further information concerning this matter, please | call: | | |
| Nicole McNulty | at | | 692-8397 ext. 302 |
| (Name of Contact Persor | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | ayable to the Florida D | epartment of S | State: |
| ■ \$35 Filing Fee | _ | Certifi Certifi | O Filing Fee cate of Status ed Copy cional Copy is sed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Amo Div | eet Address endment Secti ision of Corpo ton Building | |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DEL MAR RETAIL CENTER CONDOMINUM ASSOCIATION, INC.

| (Name of Corporation as curr | ently filed with the Florida Dep | ot. of State) |
|--|-----------------------------------|----------------------------------|
| N06000012947 | | |
| (Document Nur | nber of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation: | utes, this Florida Not For Profit | Corporation adopts the following |
| A. If amending name, enter the new name of the corpor | ation: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. | ration" or "incorporated" or the | |
| B. Enter new principal office address, if applicable: | N/A | |
| Principal office address <u>MUST BE A STREET ADDRES</u> | | |
| | | r2 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | |
| | | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | he name of the |
| Name of New Registered Agent: N/A | | |
| | (Florida stre | et address) |
| New Registered Office Address: | | |
| | | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am | | gations of the position. |
| | | |
| | Signature of New Registered Ag | ent, 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>M</u> | hn Doe ike Jones Ily Smith | |
|-----------------------------------|-------------------|----------------------------------|--------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | SD | Stone Domingo | |
| Add | | | |
| X Remove | | | |
| 2) Change | SD | Beth Snoke | 2614 Tamiami Trail North |
| X Add | | | Suite 615 |
| Remove | | | Naples, FL 34103 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | - | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional A (attach additional sheets, if necessary) | . (Be specific) | | | | |
|--|-----------------|-------------|----------------|---------------|--------------|
| N/A | | | | | |
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| The data of each amondmor | N/A | , if other than the |
|--|---|----------------------|
| The date of each amendmendate this document was signed | | , if other than the |
| Effective date <u>if applicable</u> : | 6/1/2018 | |
| Effective date in appricable. | (no more than 90 days after amendment file date) | |
| | this block does not meet the applicable statutory filing requirements, this date will the Department of State's records. | not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/ was/were sufficient for a | were adopted by the members and the number of votes cast for the amendment(s) approval. | |
| ☐ There are no members of adopted by the board of | r members entitled to vote on the amendment(s). The amendment(s) was/were directors. | |
| Dated | 5/2/18 | |
| Signature | | |
| have | not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| C | hristopher Shucart | |
| | (Typed or printed name of person signing) | |
| V | ice President, Treasurer, Director | |
| | (Title of person signing) | |