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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PALM COAST CENTER PROPE	RTY OWNER'S ASSOCIATION, INC
N07000004642 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filin	g.
Please return all correspondence concerning this matter to the follow	ving:
Kristina Hudson	
(Name of Cor	ntact Person)
Booth & Cook, PA	
(Firm/ Co	ompany)
7510 Ridge Road	
(Add	ress)
Port Richey, FL 34668	
(City/ State ar	dd Zip Code)
lecbunn@leebunn.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter, please call:	
Kristina Hudson	727 842-9105
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	orida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Certificate of Status Certified Co (Additional enclosed)	py Certificate of Status
Mailing Address	Street Address

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

of

PALM COAST CENTER PROPERTY OWNER	'S ASSOC	CIATION, INC.			
(Name of Corporation	n as curre	ently filed with the Flori	da Dept. of State)		 -
N07000004642					
(Docum	ment Num	ber of Corporation (if known	own)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statu	tes, this Florida Not For	Profit Corporation add	opts the f	following
A. If amending name, enter the new name of th	e corpora	tion:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corport	ation" or "incorporated"	or the abbreviation "C	Corp." o	The new r "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1865 7th Street South			
		Naples, FL 34102			
					7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	PO Box 340)CI 30
		Naples, FL 34106		<u></u>	<u> </u>
				<u> </u>	رې
D. If amending the registered agent and/or registered agent and/or the new register	stered offi ed office :	ice address in Florida, ei	nter the name of the	. خند	7
Name of New Registered Agent:	Wilton L. Bunn				
	1865 7th	Street South			
New Registered Office Address:		(Flori	ida street address)		
	Naples		, Florida _	4102	
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agen	Registered t. I am fa	(City) Agent: miliar with and accept th	(Zip Co e obligations of the pos	,	
_	1/1	ignature of New Register	ed 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>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	DP	Larry Beeler	6701 Bandura Ave
Add			New Port Richey, FL 34653
X Remove			
2) Change	DS	Cynthia Beeler	6701 Bandura Ave
Add			New Port Richey, FL 34653
X Remove			
3) Change	PTD	Wilton L. Bunn	PO Box 340
X Add			Naples, FL 34106
Remove			
4) Change	SD	Pamela E. Bunn	PO Box 340
X Add			Naples, FL 34106
Remove			
5) Change	D	Macon E. Bunn	PO Box 340
X Add			Naples, FL 34106
Remove			
δ) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
-	
_	

Tb	ne date of each amendment(s) adoption:	, if other than the
dat	te this document was signed.	_, ii oulei iimii iii
Efi	8/29/2017 fective date if applicable:	
	(no more than 90 days after amendment file date)	
<u>No</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be current's effective date on the Department of State's records.	e listed as the
Ad	loption 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.	
	8/29/2017 Dated	
	Signature Nice 1 Pour	
	(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)	•
	Wilton L. Bunn	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	