## NOTDOOOS193

| (Re                     | questor's Name)    |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | 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

| NAME OF CORPORATIO             | CHARLESTON BA                               | Y CONDOMINIUM AS   | SSOCIATIO        | ON, INC.   |
|--------------------------------|---|--|------------------|--|
|                                |   |  |                  |  |
| DOCUMENT NUMBER: _             |   |  |                  |  |
| The enclosed Articles of Amo   | endment and fee are subr                    | nitted for filing.   |                  |  |
| Please return all corresponde  | nce concerning this matte                   | r to the following:  |                  |  |
| NINA CHAVES                    |   |  |                  |  |
|                                |   | (Name of Contact Perso   | n)               | · · · · ·  |
| MCKINLEY COMPANIES,            | LLC   |  |                  |  |
|                                | -   | (Firm/ Company)  |                  | <u>-</u>   |
| 320 N. MAIN STREET, SU         | TE 200                                      |  |                  |  |
|                                |   | (Address)  |                  | <u> </u>   |
| ANN ARBOR, MI 48104            |   |  |                  |  |
|                                |   | (City/ State and Zip Coo   | le)              |  |
| ealonso@mckinley.com           |   |  |                  |  |
| E-                             | mail address: (to be used                   | for future annual report   | notification     | n)   |
| For further information conce  | rning this matter, please                   | call:  |                  |  |
| NINA CHAVES                    |   | 7.<br>at   | 34               | 769-8520 ext 10102   |
| (                              | Name of Contact Person                      |  | rea Code)        | (Daytime Telephone Number)   |
| Enclosed is a check for the fe | llowing amount made pa                      | yable to the Florida Dep   | artment of       | State:   |
| ■ \$35 Filing Fee              | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certif<br>Certif | 0 Filing Fee<br>icate of Status<br>ied Copy<br>tional Copy is<br>osed) |
| 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

## CHARLESTON BAY CONDOMINIUM ASSOCIATION, INC.

| (Name of Corporation as current   | ly filed with the Flo         | rida Dept. of State)                       |
|---|-------------------------------|--|
| N07000008193  |                               |  |
| (Document Number  | er of Corporation (if k       | nown)                                      |
| Pursuant to the provisions of section 617.1006, Florida Statute: amendment(s) to its Articles of Incorporation: | s, this <i>Florida Not Fe</i> | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation  | 0 <b>n:</b>                   |  |
|   |                               | The new                                    |
| name must be distinguishable and contain the word "corporat,<br>"Company" or "Co." may not be used in the name. | ion" or "incorporated         | I" or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable:   |                               |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |                               | 92.  |
|   | <del></del>                   | 20 8                                       |
|   |                               | 70   |
| C. Paramarana Warandhan Wang Panda  |                               |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                         |                               | 3  |
|   |                               | <b>0</b>                                   |
|   |                               |  |
|   |                               |  |
|   |                               |  |
| D. If amending the registered agent and/or registered offic   |                               | enter the name of the                      |
| new registered agent and/or the new registered office ac  | <u>idress:</u>                |  |
| Name of New Registered Agent:   |                               |  |
|   |                               |  |
|   |                               | lorida street address)                     |
| New Registered Office Address:  |                               | ,  |
|   |                               | D -2.15                                    |
|   | (City)                        | , Florida<br>(Zip Code)                    |
|   | ,                             | may come                                   |
| New Registered Agent's Signature, if changing Registered .  |                               |  |
| hereby accept the appointment as registered agent. I am fan   | tiliar with and accept        | the obligations of the position.           |
|   |                               |  |
|   |                               |  |
| Six   | gnature of New Regist         | tered 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>Doe</u><br><u>Jones</u><br><u>Smith</u> |                       |
|-----------------------------------|--------------|--|-----------------------|
| Type of Action (Check One)        | <u>Title</u> | <u>Name</u>                                | <u>Addres</u> s       |
| 1) Change                         | SECR         | LEWIS, NATHAN S                            | 320 NORTH MAIN STREET |
| Add                               |              |  | SUITE 200             |
| X Remove                          |              |  | ANN ARBOR, MI 48104   |
| 2) Change                         | SECR         | BERRIZ, ANDREW                             | 320 NORTH MAIN STREET |
| X Add                             |              |  | SUITE 200             |
| Remove                            |              |  | ANN ARBOR, MI 48104   |
| 3 ) Change                        |              |  |                       |
| Add                               |              |  |                       |
| Remove                            |              |  |                       |
| 4) Change                         |              |  |                       |
| Add                               |              |  |                       |
| Remove                            |              |  |                       |
| 5) Change                         |              |  |                       |
| Add                               |              |  |                       |
| Remove                            |              |  |                       |
| 6) Change                         |              |  |                       |
| Add                               |              |  |                       |
| Remove                            |              |  |                       |

| <br>s, if $necessary$ ). (B | e specific)  |                |   |               |              |
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| The               | e date of each amendment(s) adoption:  | if other than the  |
|-------------------|--|--------------------|
| date              | e this document was signed.  |                    |
| Eff               | ective date <u>if applicable</u> :   |                    |
|                   | (no more than 90 days after amendment file date)   |                    |
| <u>Not</u><br>doc | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no tument's effective date on the Department of State's records.   | t be listed as the |
| Ado               | option 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.   |                    |
|                   | SEPTEMBER 19TH, 2018 Dated   |                    |
|                   | 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) |                    |
|                   | ALBERT M. BERRIZ   |                    |
|                   | (Typed or printed name of person signing)  |                    |
|                   | PRESIDENT  |                    |
|                   | (Title of person signing)  |                    |