



**BYRD
CAMPBELL**
ORLANDO • DALLAS • PENSACOLA

May 31, 2017

VIA OVERNIGHT DELIVERY

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

Re: Amelia Resort Hotel Condominium Association, Inc.
Our File Number: 217881-20008

Dear Sir/Madam:

Enclosed please find four (4) Amendments for the reference entity together with our firm's check in the amount of \$140.00 for the filing fee.

Thank you for your attention to this request and should you have any questions or need anything further, please do not hesitate to contact me at 321-594-6034.

Sincerely,


Tracey H. Jones
Commercial Real Estate Paralegal

/thj
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE AMELIA RESORT HOTEL CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N07000008772

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN URICCHIO, ESQ.

(Name of Contact Person)

BYRD CAMPBELL, P.A.

(Firm/ Company)

180 PARK AVENUE NORTH , SUITE 2A

(Address)

WINTER PARK, FL 32789

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN URICCHIO

407 392-2285
at
(Area Code) (Daytime Telephone Number)

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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

17 JUN -5 PM 3:14

THE AMELIA RESORT HOTEL CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000008772

(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:

The new 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**)*

113 BAYBRIDGE DRIVE

GULF BREEZE, FL 32561

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

113 BAYBRIDGE DRIVE

GULF BREEZE, FL 32561

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:

S. BROOKS MOORE

113 BAYBRIDGE DRIVE

(Florida street address)

New Registered Office Address:

GULF BREEZE

(City)

Florida 32561

(Zip Code)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D/P</u>	<u>Mark Ward</u>	<u>5310 Harvest Hill, Suite 195</u>
<input type="checkbox"/> Add			<u>Dallas, TX 75230</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Jeff Mahan</u>	<u>2733 Pradera</u>
<input type="checkbox"/> Add			<u>Santa Fe, NM 87505</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Keith Dickson</u>	<u>2615 Pacific Coast Hwy., Suite 206</u>
<input type="checkbox"/> Add			<u>Hermossa Beach, CA 90254</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D/P</u>	<u>Julian B. MacQueen</u>	<u>113 Baybridge Drive</u>
<input checked="" type="checkbox"/> Add			<u>Gulf Breeze, FL 32561</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D/VP</u>	<u>Michael Nixon</u>	<u>113 Baybridge Drive</u>
<input checked="" type="checkbox"/> Add			<u>Gulf Breeze, FL 32561</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D/ST</u>	<u>S. Brooks Moore</u>	<u>113 Baybridge Drive</u>
<input checked="" type="checkbox"/> Add			<u>Gulf Breeze, FL 32561</u>
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: May _____, 2017

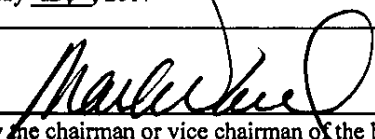
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.

Dated May 26, 2017

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)

Mark Ward

(Typed or printed name of person signing)

Director/President

(Title of person signing)