

NO70000008873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300159352213

*Name Change  
& Amend*

08/07/09--01008--016 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 AUG -7 PM 4:10

FILED

*AR  
8/11/09*

2210 VANDERBILT BEACH ROAD  
SUITE 1201  
NAPLES, FLORIDA 34109  
TEL: 239.649.5200  
FAX: 239.649.8140  
WWW.CCDLEGAL.COM



J. THOMAS CONROY, III  
BOARD CERTIFIED REAL ESTATE LAWYER  
KRISTIN M. CONROY  
BOARD CERTIFIED REAL ESTATE LAWYER  
MICHAEL A. DURANT  
BOARD CERTIFIED REAL ESTATE LAWYER  
JOSHUA D. RUDNICK

July 31, 2009

**Via U.S. Mail**

Florida Department of State  
Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Articles of Amendment

Dear Sir or Madam:

Enclosed for filing please find original Articles of Amendment for CREW Southwest Florida, Inc. Also enclosed is a check in the amount of \$35.00 representing filing fees.

Please file the articles with the State and return all correspondence to the contact person listed on the cover letter of the Amendment.

If you have any questions, please feel free to contact me.

Sincerely,

CONROY, CONROY & DURANT PA

A handwritten signature in black ink that reads "Jamie Highley".

Jamie Highley  
Real Estate Legal Assistant

Enclosure

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CREW Southwest Florida, Inc.

**DOCUMENT NUMBER:** N07000008873

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

Please return all correspondence concerning this matter to the following:

Ellen Goldman

(Name of Contact Person)

Porter, Wright, Morris & Arthur, LLP

(Firm/ Company)

9132 Strada Place | 3rd Floor

(Address)

Naples, Florida 34108

(City/ State and Zip Code)

EGoldman@porterwright.com

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

For further information concerning this matter, please call:

Ellen Goldman

(Name of Contact Person)

at ( 239 ) 593-2954

(Area Code & Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

FILED

2009 AUG -7 PM 4:10

CREW Southwest Florida, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

N07000008873

(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:**

CREW Naples - Ft. Myers, Inc.

*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**)

9132 Strada Place | 3rd Floor

Naples, Florida 34108

**C. Enter new mailing address, if applicable:**

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

9132 Strada Place | 3rd Floor

Naples, Florida 34108

**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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (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*

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: March 10, 2009  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 July 28, 2009

Signature Kristin M. Conroy  
(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)

Kristin M. Conroy  
(Typed or printed name of person signing)

President-Elect  
(Title of person signing)