

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nam	e)
(Locul	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only

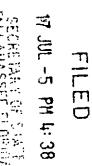


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	b at Port Canaveral, Inc.
N08000003769 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and for	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Angela Lack, Esquire	
	(Name of Contact Person)
Angela J. Lack, P.L.L.C.	
	(Firm/ Company)
P.O. Box 285	
	(Address)
Bath, PA 18014	
	(City/ State and Zip Code)
lacka@law.stetson.edu	
E-mail address: (to be used for future annual report notification)
For further information concerning this matter	er, please call:
Angela Lack	727-224-8950 at
(Name of Conta	ct Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	ng Fee & S43.75 Filing Fee & S52.50 Filing Fee Of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

Ocean Club at Port Canaveral Inc.		
(Name of Corporation as cur	rently filed with the Florida Dep	t. of State)
N08000003769		
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation	·	Corporation adopts the following
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>sa</u>)	三
		28
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	930 Mullet Road	SSEE OF PA
	Port Canaveral, FL 32920	
		\$12 &
		
D. If amending the registered agent and/or registered o	ffice address in Florida, enter th	e name of the
new registered agent and/or the new registered offic		
Name of New Registered Agent:	Canaveral Marine Center, LP	
930 M	ullet Road	
	(Florida stree	et address)
New Registered Office Address:		
Port Ca	anaveral	32920 , Florida
 -	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the oblig	gations of the position.
B	- A. Soch	
	Signature of New Registered Age	ent, if changing

Page 1 of 4

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	PT John De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P D	Dickmann, Brian	1201 Network Centre
Add			Effingham, IL 62401
X Remove			
2) Change	T S D	Breese, Glory	1201 Network Centre
Add			Effingham, IL 62401
X Remove			<u> </u>
3) Change	Asst. T	Taylor, William E	630 Maplewood Drive, Suite 100
Add			Jupiter, FL 33458
X Remove			
4) Change	P D	Lack, Bruce A.	930 Mullet Road
X Add			Port Canaveral, FL 32920
Remove			
5) Change	T D	Lack, Angela	930 Mullet Road
XAdd			Port Canaveral, FL 32920
Remove			
6) Change	S Asst.T	Mark Skrzypek	930 Mullet Road
X Add			Port Canaveral, FL 32920
Remove			

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

		June 22, 2017	
	e date of each amen this document was	dment(s) adoption:signed.	, if other than the
effe	ective date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date wil te on the Department of State's records.	I not be listed as the
\ de	option of Amendme	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	ı
	There are no memladopted by the box	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	June 22, 2017	
	Signature	Bu Asach	
	ı	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)	
		Bruce A, Lack	
		(Typed or printed name of person signing)	
		President / Director	
		(Title of person signing)	