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C. LEWIS

SEP 3 2014

EXAMINER

COVER LETTER

Division of Corporations		
NAME OF CORPORATION: Palm Bea	ch Canes C	Club, INc.
DOCUMENT NUMBER, NO800004	901	·
DOCUMENT NUMBER: NUOUUUU4		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Jennifer Smith		
	(Name of Contact Person)
	(Firm/Company)	
301 Yamato Road, Suite	2195	
	(Address)	
Boca Raton, FL 33431		
	(City/ State and Zip Code)
jen@southflorida-	cpa.com	
E-mail address: (to be used	•	notification)
For further information concerning this matter, please	call:	
Jennifer Smith	_{at} 561	843-7006
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	ertment of State:
■ \$35 Filing Fee	☐\$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		<u>Address</u>
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Palm Beach Canes Club	o, Inc.	14 AUS 25 PH 1
(Name of Corporation as currently	ly filed with the Florida Dept. of State)	16 HUO ES
N08000004901		
(Doct	ument Number of Corporation (if known)	
ursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Florida Not For Profit Corp</i> tion:	oration adopts the following
. If amending name, enter the new na	me of the corporation:	
		The new
ame must be distinguishable and contain Company" or "Co." may not be used in	the word "corporation" or "incorporated" or the abbit the name.	reviation "Corp." or "Inc."
. Enter new principal office address, i		
Principal office address <u>MUST BE A ST</u>	(REET ADDRESS)	
Enter new mailing address, if applications (Mailing address MAY BE A POST C		
(Muning address MAT BE A FOST C	YFFICE BUX)	
N. Mariana and Mar		
new registered agent and/or the new	d/or registered office address in Florida, enter the na	me of the
Name of New Registered Agent:		
		upra
New Registered Office Address:	(Florida street address)	
	(City)	(Zip Code)
	(Cny)	(Zip Coae)
cw Registered Agent's Signature, if ch hereby accept the appointment as registe	nanging Registered Agent; ered agent. I am familiar with and accept the obligation	ns of the position.
	Signature of New Registered Agent, if changing	
	Digitation of them wedgeter and the thirty	

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	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Treasurer	Robert Church	4711 Brandywine Dr.
Add			Boca Raton, FL 33487
X Remove			
2) Change	Treasurer	Jennifer Smith	301 Yamato Rd
X Add			Suite 2195
Remove			Boca Raton, FL 33431
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change	·		
Add			
Remove			····
6) Change			
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
•	
	
······································	

The	date of each amendment(s) ado this document was signed.	ption: August 20, 2014		if other than the	
	ective date <u>if applicable</u> :		1 M	OT STATE REPORTATIONS	
		(no more than 90 days after amendment file date)			
Ada	option of Amendment(s)	(CHECK ONE)	14 AUG 25	PM 1:27	
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the a	mendment(s)		
	There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) s.) was/were		
	Dated 8/U/	14			
	Signature Jan	J Lyto			
	have not been	an or vice chairman of the board, president or other officer- is selected, by an incorporator — if in the hands of a receiver, opointed fiduciary by that fiduciary)			
	Jared Light	er	_		
	(Typed or printed name of person signing)				
	President				
	<u> </u>	(Title of person signing)			