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SECRETARY OF STATE
TALLAHASSEE FLORIE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Resummer	now Properties Epocoper Gu	RCH OF ST. JOHH'S COLLEY, W.C.
DOCUMENT NUMBER: <u>H080</u>	<u> </u>	
The enclosed Articles of Amendment and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
FRANK CA	snuo	
(148	mile of Contact Person)	
RESUMECTO	(Firm/ Company)	ar Chusc H
592 Be	(Address)	
Sr. A	XSUSTINDE, FL 32593 ty/ State and Zip Code)	<del>-</del>
For further information concerning this mat	ter, please call:	
FRANK (ASTIUS (Name of Contact Person)	at ( <b>954</b> ) <b>657</b> -	e Telephone Number)
Enclosed is a check for the following amount	nt made payable to the Florida De	partment 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 C Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)				
0.0P8-2000080M				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
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: TAN D. ANDERSON				
New Registered Office Address: (Florida street address)				
ST. AUGUSTINE, Florida 32095 (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.  Bignature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
	denderson menters over the dates the Paris of Section 2		Add Remove
E. <u>If ame</u> (attach	nding or adding ad additional sheets, if	ditional Articles, enter change(s) here necessary). (Be specific)	
			<del></del>
<del></del>		21 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	······································

The date of each amendmen	t(s) adoption: +EBNUMU 21, 2009
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairmanter vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	TIEDENT (Title of names signing)
	(Title of person signing)