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SECRETARY OF STATE
AND AMASSEE, FLORID.

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COVER LETTER

Division of Corporations		•	
NAME OF CORPORATION: <u>NAPLES</u>	TOWN HALL DI	STINGUISHED LIEA	KERS, INC.
DOCUMENT NUMBER: NO 9000	002924	·	_
The enclosed <i>Articles of Amendment</i> and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Jason Rea	NVS Pus		
JASON BRO	(Name of Contact Persor	1)	_
	(Firm/ Company)		_
	•		
133 GLOVE LAN	IE LOUTH		_
	(Address)		
HENDERSONVILLE,	71/ 370	75	
TIENUE SPAVICE,	(City/ State and Zip Code	e)	-
E-mail address: (to be used	CSZ + SUCCESS d for future annual report i	5. Lam notification)	
For further information concerning this matter, please	e call:		
. 1		_ ^	
(Name of Contact Person)	at (615	<u> 348-8680</u>	-
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:	
U\$35 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	Etmant	Address	

TO: Amendment Section

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 Articles of Incorporation DISTINGUISHEÙ

(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: 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. 1100 FIFTH AVE. J. 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 ROX) 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: TREAMVIEW WAY New Registered Office Address: 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

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 I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>/</u>	Suzanne Leonard	332 STREAMVIEW WAY WINTER GRINGS, FL 32708
2) Change	<u>C</u> Charrower	John Guerra, Ir.	2233 High Country Dr. Carrolton, TX 75007
Remove 3) Change Add Remove	L. Vice Chairm	Jason Bracks	133 Grave Loue South Hendersonville, TN 37475
4) Change Add Remove	<u>D</u>	Alicia Dearn	3724 Fairview Ave. Saint Louis, NO 63116
5) Change Add Remove	<u>D</u>	Earle Borman III	2288 Ashfon Daks Lx. #201 Naples FL 34109
6) Change	_D_	Bormon, Farle K. Je	
Remove		7	

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(Attach additional sheets; if necessary)

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Example: X Change X Remove	PT John D V Mike J				
X Add	SV Sally S	mith			
Type of Action (Check One)	Title	Name			Address
·1) Change	D	Rader,	John G	, -	
Add					
Remove					
2) Change	<u> </u>	Neke	nney, N.	chele	
Add					
Remove	,				
3) Change	VP	Born	on, Lor	iK	t .
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5) Change	<u> </u>	ULEBSICK	<u>- [4 TIEIS &</u>	<u> </u>	
Add					
Remove			es à		
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6) Change		** ** * * * * * * * * * * * * * * * *			
Add				i S	
Remove					<u> </u>

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

i ne date of each amendment(s) ad	opuon:	, it other than the
date this document was signed.		FILED
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	13 AUG -7 AM 10: 35
Adoption of Amendment(s)	(CHECK ONE)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes cast for the l.	e amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment	(s) was/were
Dated	/2013	
Signature	on V. Buth PhD	
	man or vice chairman of the board, president or other offic	
	en selected, by an incorporator – if in the hands of a receive	er, trustee, or
other court	ppointed fiduciary by that fiduciary)	
Vas	son T. Broks PhD	
	(Typed or printed name of person signing)	
	Vice-Chairman of the Board	<u></u>
	(Title of person signing)	