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TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATIO | Dock of the Bay Asso | ociation, Inc | | | |
|--------------------------------|---|--|--------------------|---|---|
| N DOCUMENT NUMBER: _ | 10000006948 | | | | |
| The enclosed Articles of Ame | ndment and fee are subm | nitted for filing. | | | |
| - | | - | | | |
| Please return all corresponder | ice concerning this matte | r to the following: | | | |
| Debra Gold | | | | | |
| | | (Name of Contact Perso | n) | | |
| Dock of the Bay Association | | | | | |
| | | (Firm/ Company) | | | _ |
| 270 Delmar Ave | | | | | |
| | | (Address) | | | _ |
| Fort Myers Beach, FL 33931 | | | | | |
| | | (City/ State and Zip Cod | e) | | |
| dgirard@nationalbanner.com | | | | | |
| E- | mail address: (to be used | for future annual report | notification |) | |
| For further information conce | rning this matter, please | call: | | | |
| Donald M Girard | | (2 at | 14) | 908-9151 | |
| (| Name of Contact Person) | | rea Code) | (Daytime Telephone Number) | |
| Enclosed is a check for the fo | llowing amount made pay | vable to the Florida Depa | artment of S | State: | |
| ☐ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | O Filing Fee icate of Status ied Copy is issed) | |
| Mailing Ad | | | Address | | |
| Amendmen | r Section | Ameno | lment Secti | OB | |

Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Dock of the Bay Association, Inc | | |
|--|--------------------------------|---|
| (Name of Corporation as cu | rrently filed with the Florida | a Dept. of State) |
| N10000006948 | | |
| (Document N | Sumber of Corporation (if know | n) |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corp | oration: | The new |
| name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name. | poration" or "incorporated" | |
| B. Enter new principal office address, if applicable: | 270 Delmar Ave | نب |
| (Principal office address <u>MUST BE A STREET ADDRI</u> | ESS) Fort Myers Beach, FL 3 | 3931 |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 270 Delmar Ave | PH |
| | Fort Myers Beach, FL 3 | 3931 نا رة |
| | | |
| D. If amending the registered agent and/or registered | office address in Florida, en | ter the name of the |
| new registered agent and/or the new registered off | fice address: | |
| Name of New Registered Agent: | nt: Debra Gold | |
| 270 [| Delmar Ave | |
| | (Florid | la street address) |
| New Registered Office Address: | | |
| Fort | Myers Beach | 33931, Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a | | e obligations of the position. |
| | Wit Hold | |
| | Signature of New Registere | ed 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)

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 Jo SV Sally So | <u>ones</u> | |
|-----------------------------------|--|-----------------|-----------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | T | Donald M Girard | 11164 Windjammer Dr |
| X Add | | | Frisco, TX 75034 |
| Remove | | | |
| 2) Change | <u>s</u> | Craig Lyke | 451 Casey Ln |
| X Add | | | Strawberry Plains, TN 37871 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| .5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Artication additional sheets, if necessary). | (Be specific) | |
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| | e date of each amendment(s) adoption: | , if other than the |
|------|---|---------------------|
| iate | e this document was signed. | |
| Eff | ective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) | |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records. | t be listed as the |
| 4de | option of Amendment(s) (<u>CHECK ONE</u>) | |
| | 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. | |
| | November 1, 2017 Dated | |
| | Signature Del S.J. | |
| | (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) | |
| | Debra Gold | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |