N10327

(Req	uestor's Name)	
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(City	/State/Zip/Phone	= #)
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DIVISION OF CONFIDENT TO

COVER LETTER

TO: Amendment Section Division of Corporations

WISION OF COMPCINATION

THE P.G.A. BOULEVARD CONCOURSE ASSOCIATION, INC.

NAME OF CORFORATION			
N10327			1. 16
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
	(Name of Contact P	erson)	
CAPITAL REALTY ADVISORS, INC.			
	(Firm/ Compan	y)	
600 SANDTREE DRIVE, SUITE 109			
	(Address)		
PALM BEACH GARDENS, FL 33403			
	(City/ State and Zip	Code)	
coconnell@cra.email			
E-mail address: (to b	oe used for future annual re	port notification	<u>) </u>
For further information concerning this matter,	please call:		
	a	!	561-624-5888
(Name of Contact I	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida	Department of	State:
	Fee & □\$43.75 Filing Fee Status Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ai Di Cl 26	reet Address mendment Sect ivision of Corpo lifton Building 661 Executive C illahassee, FL 3	orations Center Circle

Articles of Amendment to Articles of Incorporation of

THE P.G.A. BOULEVARD CONCOURSE ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10327

(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:

The new
ration" or "incorporated" or the abbreviation "Corp." or "Inc."
- NA -
<u>S</u>)
NA.
- NA -
fice address in Florida, enter the name of the
address
(Nortda street address)
(Partia street dairess)
, Florida
(City) (Zip Code)
ed Agent:
familiar with and accept the obligations of the position.
\

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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MUNCY, AUBREY	c/o Capital Realty Advisors, Inc.
Add			600 Sandtree Dr. Suite 109
Remove			Palm Beach Gardens, FL 33403
2) X Change	VP	FRIEDMAN, BRIAN	c/o Capital Realty Advisors, Inc.
/ Add			600 Sandtree Dr. Suite 109
Remove			Palm Beach Gardens, FL 33403
3) X Change	S/T	SLOOP, RONALD	c/o Capital Realty Advisors, Inc.
Add			600 Sandtree Dr. Suite 109
Remove			Palm Beach Gardens, FL 33403
4) Change			
, Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

E. If amending or adding addit (attach additional sheets, if ned	ional Articles, enter cha ressary). (Be specific)	nge(s) here:		
- NA -				
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:	· · · · ·	06/11/2018	
,	The date of each amendment(s)		, if other than the
•	date this document was signed.	5/11/2018	
	Effective date if applicable:		
		(no more than 90 days after amendment file date)	
	Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	t be listed as the
	Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	■ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) aval.	
	☐ There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
	Dated	0/18/2015	
	Signature		
	(By the ch	airman or 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 are appointed fiduciary by that fiduciary)	
	White con	- 1	
		(Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
		Trevident	
		(Title of person signing)	