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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Walton County Bar	Association, Inc.		
	N11000008632			
DOCUMENT NUMBER:				
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Megan K. Jones				
		(Name of Contact I	Person)	
Hall, Gilligan, Roberts & Sl	nanlever			
		(Firm/ Compar	ıy)	
4987 East County Highway	30A			
		(Address)		
Seagrove Beach, Florida 32	459			
		(City/ State and Zip	Code)	
mjones@hgrslaw.com				
E	-mail address: (to be use	d for future annual re	eport notification	on)
For further information conc	erning this matter, please	e call:		
Megan K. Jones		я	850	213-0604
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made p	ayable to the Florida	Department of	f State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing A	Address	<u>s</u>	treet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

100 cm o ph. 2: 40 Walton County Bar Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N11000008632 (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. 2063 County Highway 395 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Santa Rosa Beach, FL 32459 C. Enter new mailing address, if applicable: 4475 Legendary Drive (Mailing address MAY BE A POST OFFICE BOX) Destin, Florida 32541 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: Svetlana Hillis 2063 County Highway 395 (Florida street address) New Registered Office Address: Florida 32459 (Zip Code) Santa Rosa Beach (Citv) 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.

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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>P</u>	SVETLANA HILLIS	2063 County Highway 395 Santa Rosa Beach, FL 32459
x Remove			LORI ELLEN WARD
2) <u>×</u> Change Add	<u>v</u>	JENNIFER GUTAI COMELLA	35008 Emerald Coast Parkway Fifth Floor, Destin, FL 32541
Remove 3) Change × Add Remove	<u>S</u>	MEGAN JONES	4987 E. County Hwy. 30A Santa Rosa Beach, FL 32459
4) × Change Add	<u>T</u>	SAM TAYLOR	4475 Legendary Drive Destin, FL 32541
 X Remove 5) Change X Add Remove 	<u>D</u>	LAURA PENTEL-KLANG	VALERIE WATSON 4475 Legendary Drive Destin, Florida 32541
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adopted date this document was signed.	ion:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Dated	07/02/2020
Signatu	(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) Megan K. Jones
	(Typed or printed name of person signing)

(Title of person signing)