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SECRETARY OF STATI

C. GOLDEN AUG 1 4 2010

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: EBB TIDE TOUN HOMES HOMEDWHENS ASSICIATION, IN
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
CHARLES M. WILLINGHAM (Name of Contact Person)
(Name of Contact Person)
EBB TIDE FORDING HOMES HOME OWNERS ASSOCIATION, INC.
1606 ATLANTIC ST - UNIT 2B (Address)
MELBOORATE BCH, FC. 32957 (City/ State and Zip Code)
CMWILLINGHAM212@YAHOO, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MIKE WILL (IN GHAM) at 321 - 266734/ (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

οf

EBB TIDE TOWN HOMES HOMEOWNERS ASSOCIATION INC	_
(Name of Corporation as currently filed with the Florida Dept. of State)	
11200007498	
(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 follogement amendment (s) to its Articles of Incorporation:	aing
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 "h	к, ''
"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:	
(Florida street address) New Registered Office Address:	
/	
, Florida	
(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.	
Signature of New Registered Agent, if changing	1

Page 1 of 4

2018 AUG 13 PM 3: 1 SECRETARY OF STA if amending the Officer 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 Doe V Mike Jones SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>D.</u>	MCCALL, KENNETH J.		
Add Remove			MELBOURN BCH FC 32957	
2) Change	<u>D.</u>	BAUM, GIBAS	1708 ATLANTICST. UNIT 4B	
Remove			MEGBOURNE BCH, FZ 3295	
3) Change	*			
Remove				
4) Change	<u></u>			
Add				
5) Change				
Add Remove		•	•	
6) Change	·,			
Add		•		
Remove				

attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption 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.	
Dated 8-8-2018 Signature Charles M. Willington	
	
(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)	
CHARLES M WILLIAGHAM	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	