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T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: PD PROPERT	Y OWNERS	ASSOCIATION, INC.
DOCUMENT NUMBER: N120000075	19	
The enclosed Articles of Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to		
ANN BLACK	•	
(N	ame of Contact Person)
SMITH, THOMPSON, SHAV	W, MINACO	CI & COLON, P.A.
	(Firm/ Company)	
3520 THOMASVILLE ROA	AD, FOUR	TH FLOOR
	(Address)	
TALLAHASSEE, FLORIDA	A 32309	
(Ci	ity/ State and Zip Code	*)
kavik96@msn.com		
E-mail address: (to be used for		notification)
For further information concerning this matter, please cal		
ANN	_{at (} 850	893-4105
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ole to the Florida Depa	rtment of State:
(\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle issee, FL 32301

Articles of Amendment to Articles of Incorporation of

PD PROPERTY OWNERS ASSOCIATION, INC.

	· · · · · · ·	71111E. (O / (OO	001/11/014, 1140	<i>7</i> .
(Name of Corporation as current)	y filed with the Flo	rida Dept. of State)		_
	N12	2000007419		
(Documen	t Number of Corpora	ation (if known)		_
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat	1006, Florida Statute ion:	s, this <i>Florida Not For P</i>	<i>Profit Corporation</i> adopts the	he followir
A. If amending name, enter the new na	me of the corporati	on:		
				The ne
name must be distinguishable and contain 'Company" or "Co." may not be used in		ion" or "incorporated" o	or the abbreviation "Corp.	
B. Enter new principal office address, if applicable: [Principal office address MUST BE A STREET ADDRESS]		138 BEACH 14	44TH STREET	
		NEPONSIT, N	NY 11694	
				<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		138 BEACH 1	44TH STREET	
		NEPONSIT, N	NY 11694	_
D. If amending the registered agent and	d/or registered offic	e address in Florida, en	ter the name of the	
new registered agent and/or the new				
Name of New Registered Agent:	SUSAN S.	THOMPSON		
	3520 THOMA	SVILLE RD., 4TH	FLOOR	
New Registered Office Address:		(Florida street address)		
	TALLAHAS	SEE	, Florida 32309	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch hereby accept the appointment as registe	nanging Registered	Agent: niliar with and accept the	obligations of the position	n.
	<i>>u</i> -○	7		
Sign	nature of New Regist	ered Agent, if changing		₹.
	I	age 1 of 4		SEC
New Registered Agent's Signature, if che hereby accept the appointment as registed. Sign	nanging Registered ered agent. I am far u - mature of New Regist	niliar with and accept the ered Agent, if changing	(Zip Code)	1 SEC

TILED

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SECRETARY OF STATE

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 <math>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	V Mil	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	BEDFORD WILDER	PO BOX 3606
Add			TALLAHASSEE, FL 32315
X Remove			
2) Change	D	G. MATTHEW BROWN	PO BOX 3606
Add			TALLAHASSEE, FL 32315
X Remove			
3)Change			
Add			
4) Change	D	MARK RUSSACK	138 BEACH 144TH STREET
X Add			NEPONSIT, NY 11694
Remove			
5) Change	D	IRA RUSSACK	138 BEACH 144TH STREET
XAdd			NEPONSIT, NY 11694
Remove			
6) Change	D	ZANIED RUSSACK	138 BEACH 144TH STREET
X			NEPONSIT, NY 11694
Remove			

ttach additional sheets, if necessary).	(Be specific)
	<u> </u>
,	

The date of each amendment(s) adoption: APRIL 12, 2013		
	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ad c	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.	
	Dated APRIL 12, 2013	
	Signature D. Redfordhill Marie	
	(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)	
	BEDFORD WILDER/G. MATTHEW BROWN	
	(Typed or printed name of person signing)	
	DIRECTORS	
	(Title of person signing)	