N13000010077

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: SKYWMY MARINA DISTRICT, INC. N13000010077 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LINDA BOWLER
(Name of Contact Person) (Firm/ Company) 4601 3473 ST. S. (Address) ST PETERS BURG, FT. 337/1
(City/ State and Zip Code) Jack @ Flamingo Ha. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at (727) 321-5000 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \text{\$\subset\$\$43.75 Filing Fee & \$\Bigcup \text{\$\subset\$\$443.75 Filing Fee & Certificate of Status Certified Copy} □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently fil | led with the Florida Dept. of State) | |
|---|--|---|
| N1300 | 100/0077 | • |
| (Docume | nt Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this <i>Florida Not For Profit Corpo</i> | ration adopts the following |
| A. If amending name, enter the new name | of the corporation: | |
| | · | The new |
| name must be distinguishable and contain the "Company" or "Co." may not be used in the | word "corporation" or "incorporated" or the abbre name. | viation "Corp" or "Inc" |
| B. Enter new principal office address, if ap | oplicable: | |
| (Principal office address MUST BE A STRE | | |
| | | · |
| | | -18·V |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF | | |
| (Manual Co.) | | |
| | | |
| | | |
| D. If amending the registered agent and/or new registered agent and/or the new reg | registered office address in Florida, enter the name istered office address: | ne of the |
| Nume of New Registered Agent: | | |
| Name of New Registered Agent. | | " —————————————————————————————————— |
| | (Florida street address) | ئىنى |
| New Registered Office Address: | | |
| | , Florida , (City) | (Zip Code) |
| | · • | (zip Code) |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registered | ging Registered Agent: l agent. I am familiar with and accept the obligation. | s of the position. |
| | | |
| | ignature of New Registered Agent, if changing | |

Page 1 of 4

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 I V Mike SV Sally 5 | Jones . | |
|----------------------------------|---|------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| Change Add Remove | D | Ellen Capitosti | 4601 347 ST. S. ST. PETERSBURG, FC. € 33: |
| 2) Change Add | <u>D</u> | MIKE MILVAIN | SAME |
| Remove 3) Change Add | <u>D</u> | TODI) SIMMONS | SAME |
| Remove 4) Change Add | <u>p</u> | FRANK BOZIKOVICH | SAME |
| Remove 5) Change Add | | · | |
| Remove 6)ChangeAddRemove | | · | |

| If amending or adding addit (attach additional sheets, if ne | cessary). (Be sp | ecific) | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|---------------------|
| Effective date if applicable: (no more than 90 days after amendment file date) | _ |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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 1-31-14 Signature Jour Day May | |
| | |
| (By the chairman or vice hairman 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) | |
| (Typed or printed hame of person signing) | |
| (Typed or printed hame of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |