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## COVER LETTER

TO: Amendment Section Division of Corporations

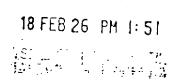
Tallahassee, Fl. 32314

NAME OF CORPORATION:	HOMEOWNERS'	ASSOCI	IATION	LINC.	
N14000007690 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matte	er to the following:				
MA	TTHEW L. GRABI:	NSKI, E	SQ.		
	(Name of Contact F	erson)			_
COLEMAN	K, YOVANOVICH &	& KOES	TER, P	.A.	
····	(Firm/ Compar	ıy)			_
4001 TAN	HAMETRAIL NOR	TH. SU	TTE 300	)	
·	(Address)				_
N	CAPLES, FLORIDA	34103			
<del>"</del>	(City/ State and Zip	(Code)			
	@ MANGROVEBA				
E-mail address: (to be used		port not	ification	1)	
For further information concerning this matter, please	call:				
MATTHEW L. GRABINSKI		239		435-3535	
(Name of Contact Person	1)	(Area	Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made po	ayable to the Florida	Departi	nent of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Admendme mendme livision of lifton B	ent Secti of Corpo		

2661 Executive Center Circle Tallahassee, FL 32301

FUED

## Articles of Amendment to Articles of Incorporation of



MANGROVE BAY H	OMEOWNERS' ASSOCIA	TION, INC.
(Name of Corporation as cur	rrently filed with the Flori	da Dept. of State)
	814000007690	
(Document N	umber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS )	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>	<del></del>
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 off		
Name of New Registered Agent:		
	(Fle	vida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		the obligations of the position.
	Signature of New Registr	red Agent if changing

## 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>	n Doc se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	JON RUBINTON	430 BAYFRONT PLACE
Add			NAPLES, FL 34102
Remove			
2) Change	<u>D</u>	JOSH RUBINTON	201 GOODLETTE FRANK RD S
Add			NAPLES, FL 34102
X Remove			
3.) X Change	D	CELINE GOGET BLOCKER	430 BAYFRONT PLACE
Add			NAPLES, FL 34102
Remove			
4) Change	D	ELIZABETH PRICE	430 BAYFRONT PLACE
X Add		***************************************	NAPLES, FL 34102
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if r	litional Articles, ento necessary). (Be spe-	cific)			
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ľ'n	e date of each amendment(s) adoption	•	, if other than the
late	e this document was signed.		
Eff	ective date <u>if applicable</u> :		
	(	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does tument's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not of State's records.	ot be listed as the
<b>\</b> d∘	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
	There are no members or members ent adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were	
	Dated February 22, 2018		
	Signature	2	
	have not been selec	vice chairman of the board, president or other officer-if directors eted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
		JON RUBINTON	
		(Typed or printed name of person signing)	
		DIRECTOR	
	<del>-</del>	(Title of person signing)	