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COVER LETTER

TO: Amendment Section Division of Corporations

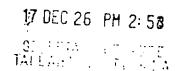
NAME OF CORPORATION	Bay Pointe Dock Asso	ociation, Inc.		
	N16000001872			
DOCUMENT NUMBER:			<u>. </u>	
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Alex Mason				
	((Name of Contact P	'erson)	
Bay Pointe Dock Associatio	n, Inc.			
		(Firm/ Compan	y)	
920 SW Bay Pointe Cir.				
		(Address)		
Palm City, FL 34990				
	(City/ State and Zip	Code)	
alex.j.mason55@gmail.com				
E	-mail address: (to be used	for future annual re	port notification	n)
For further information conc	erning this matter, please o	all:		
Alex Mason		21	772	3416627
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & I Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	O Filing Fee ficate of Status fied Copy fitional Copy is fied)
Mailing A	ddress	<u>St</u>	reet Address	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of



Bay Pointe Dock Association, Inc.			
(Name of Corporation as curre	ently filed with the Flor	ida Dept. of State)	
N16000001872			
(Document Num	nber of Corporation (if kr	nown)	
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not For</i>	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpora	ation:		
name must be distinguishable and contain the word "corpore" "Company" or "Co." may not be used in the name.	ration" or "incorporated	The new " or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	Σ)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	920 SW Bay Pointe C	ir.	
D. If amending the registered agent and/or registered of		enter the name of the	
new registered agent and/or the new registered office	e address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		the obligations of the position.	
	Signature of New Regist	ered 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		Doe Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	Paul Filipe	1103 Keats Avenue
Add			Palm City, FL 34990
X Remove			
2) Change	D	Cappy Raulerson	1201 SW Estates Place
X Add			Palm City FL 34990
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
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Th. d. 4 6 b	12.20.2017		: C _ 1
The date of each amendment(s) ado	puon:		, if other than the
date this document was signed.	10.17		
12.20.1 Effective date <u>if applicable</u> :	:017		
Extense date <u>ir applicable</u> .	(no more than 90 days after	amendment file date)	
		tutory filing requirements, this date will no	t be listed as the
document's effective date on the Depa	rtment of State's records.		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the num	ber of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors		ent(s). The amendment(s) was/were	
Dated 12.20.2017		.	
Signature	4 Masan	(President)	
(By the chairm have not been		president or other officer-if directors in the hands of a receiver, trustee, or y)	
Alex Maso	n		
	(Typed or printed na	une of person signing)	
President			
	(Title of	person signing)	