N19000005059

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Pelican Circle Asso	ciation, Inc		
DOCUMENT NUMBER:	N19000005059			
The enclosed Articles of A				
Please return all correspond	lence concerning this matt	ter to the following:		
Barbara J. Chavez				
		(Name of Contact F	'erson)	
Watson Sewell, PL				
		(Firm/ Compan	<u>y)</u>	
5410 E Co Hwy 30A, Suite	201			
		(Address)		
Seagrove Beach, FL 32459	1			
		(City/ State and Zip	Code)	
AlexMarks@royalinv.com				
	E-mail address: (to be use	d for future annual re	port notification	1)
For further information con	cerning this matter, please	e call:		
Barbara Chavez		a	850	231-3465
	(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certif	D Filing Fee icate of Status ied Copy iional Copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address
Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee

Enclosed)

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

2021 1 -5 77 2:56

Pelican Circle Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N19000005059 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) (City) 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

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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D,T,S	Cammie Rash	868 S Curtiswood Lane Nashville, TN 37204
× Remove			
2) Change Add	D,T,S	Kendall L. Jenkins	22554 Ligon Road Zachary, LA 70791
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee	ne additional Articles, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			
	 _ _		
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		<u>.</u>
		
		
	July 27,2021	
The date of each amendment(s) adoption: iate this document was signed.	0019 211404	, if other than th
Effective date if applicable:		
(no mo	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not n	neet the applicable statutory filing requirements, this	s date will not be listed as the

document's effective date on the Department of State's records. (CHECK ONE)

Adoption of Amendment(s)

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 $\frac{7/27/21}{M/m}$
Signature (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)
Alex Marks
(Typed or printed name of person signing)
President/Director
(Title of person signing)

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