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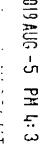
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ST. CHARLES YAC		<del></del>		
DOCUMENT NUMBER: .	N31016				
The enclosed Articles of Am					
Please return all corresponde	ence concerning this matter	to the following:			
Mark A Ebelini					
		Name of Contact Perso	on)		
Knott Ebelini Hart					
		(Firm/ Company)			
1625 Hendry Street, Third F	loor				
		(Address)			
Fort Myers FL 33901					
	(	City/ State and Zip Co	de)		
mebelini@knott-law.com					/
E	-mail address: (to be used	for future annual report	notification	1)	
For further information conc	erning this matter, please o	eall:			
Mark A. Ebelini		2 at	39	334-2722	
	(Name of Contact Person)	(/	rea Code)	(Daytime Telephone Number	)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	partment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & ( Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
P.O. Box (	nt Section f Corporations	Amer Divis Cliño	t Address idment Section of Corpora in Building Executive C		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## ST. CHARLES YACHT CLUB, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N31016 (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: 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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	<u>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T, D	JONI HALL	18200 OLD PELICAN BAY DR.
Add			FORT MYERS BEACH FL 33931
X Remove			
2) Change	T, D	WILLIAM WIGGENHORN	15846 DORSET LANE
XAdd			FORT MYERS FL 33908
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	. —			
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	date of each amendment(s) adoption:	_, if other than the
	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lument's effective date on the Department of State's records.	be listed as the
Ado	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 S-02-19	
	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)	
	DAVE GALLOWAY	
	(Typed or printed name of person signing)	
	COMMODORE, DIRECTOR	
	(Title of person signing)	