N33977

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(City	/State/Zip/Phone	e #)		
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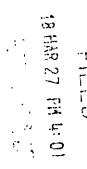
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION		DLF VILLAS UNIT II C	ONDOME	NIUM ASSOCIATION, INC.
DOCUMENT NUMBER:	N33977			
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Kristen Hubler				
	(Name of Contact Perso	n)	
Premier CAM Services				
	···	(Firm/ Company)		
PO Box 152047				
		(Address)		
Cape Coral, FL 33915				
	(City/ State and Zip Coc	le)	
admin@premiercams.net				ι
ŀ	-mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please o	eall:		
Kristen Hubler		at		340-0740
	(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	artment of !	State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A			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

INDIAN CREEK GOLF VILLAS UNIT II CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as o	currently	y filed with the Florida Dept. of Sta	1101		
N33977					
(Document	t Number	of Corporation (if known)			
				.1 e.1	
Pursuant to the provisions of section 617,1006, Florida	Statutes,	this Florida Not For Profit Corpor	ation adopts	the fol	garwoi
mendment(s) to its Articles of Incorporation:					
A. If amending name, enter the new name of the cor	rporatio	n:			
1. If amending name, enter the new agme of the co		<u></u>		***	1
		19 1 16			ie new
name must be distinguishable and contain the word "c	orporatio:	on" or "incorporated" or the abores	ration Cor	p. or	Inc.
"Company" or "Co." may not be used in the name.					
B. Enter new principal office address, if applicable:		3046 Del Prado Blvd S. Ste 1A2			
(Principal office address MUST BE A STREET ADD		Cape Coral, FL 33904			
				_	
	•			,	,
C. Enter new mailing address, if applicable:		PO Box 152047		•	=:=
(Mailing address MAY BE A POST OFFICE BO.	<u>)X</u>)	10 10 10 10		 .	
		Cape Coral, FL 33915		•	27
	•			:	رند.
					<u>=</u>
			e.i.		.c-
D. If amending the registered agent and/or register	red office	e address in Florida, enter the nam	e of the	÷ ,	0
new registered agent and/or the new registered					
Name of New Registered Agent:	remier C	AM Services			
	046 Del I	Prado Blvd S Ste LA2			
_		(Florida street addre	ss!	<u></u>	
New Registered Office Address:		1, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1			
	Cape Cora	ป	33	904	
-			Florida <u> </u>	<u></u>	
		(City)	124/ 000	.,	
New Registered Agent's Signature, if changing Reg	gistered .	Agent:			
Thereby accept the appointment as registered agent.	Lam fan	miliar with a nd ac cept the obligation	s of the posi	tion.	
		$(\ \ \ \ \)$			
		grature of Ver Registered Agent, if	<u>changing</u>	- <u>-</u>	-
	.,,		• • • • • • • • • • • • • • • • • • • •		

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	$\underline{V} = \underline{Mik}$	<u>n Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	DENNIS WILLIAMS	C/O PREMIER CAM SERVICES
Add			PO BOX 152047
Remove			CAPE CORAL, FL 33915
2) X Change	V	DENNIS ALLEN	C/O PREMIER CAM SERVICES
Add			PO BOX 152047
Remove			CAPE CORAL, FL 33915
3) X Change	ST	DOMINIC SANFILOPPO	C/O PREMIER CAM SERVICES
, Add			PO BOX 152047
Remove			CAPE CORAL, FL 33915
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)					
			 			
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	be listed as the
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 3/05/2018 Signature Hem L. William	
(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)	_
Nennis L. Williams (Typed or printed name of person signing)	
President	
(Title of person signing)	