N36156

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	The Barrier Islands	Governmental Cou	uncil, lno	C.		
DOCUMENT NUMBER:	N36156					
The enclosed Articles of A						
Please return all correspond	lence concerning this mat	ter to the following	; ;			
Amber LaRowe						
		(Name of Contac	t Person)	· · · · · · · · · · · · · · · · · · ·	·····
City of St. Pete Beach, FL						
		(Firm/ Comp	any)			
155 Corey Avenue						
		(Address)			
St. Pete Beach, FL 33706						
		(City/ State and Z	ip Code)		
alarowe@stpetebeach.org						
	E-mail address: (to be use	d for future annual	report n	otification)	
For further information con	cerning this matter, please	e call:				
Amber LaRowe					363-9220	
4	(Name of Contact Person	1)		a Code)	(Daytime Tele	phone Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	da Depai	rtment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	Article	s of Amendment			
	A reticlos	to s of Incorporation		<i>P</i> 3	A
	Articles	of		. 6	A la
The Barrier Islands Governmental Council, Inc.					· Markey
(Name of Corporation as currently filed with the	e Florida E	Dept. of State)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
N36156				7. 9	2 O
(Досип	tent Numbe	er of Corporation (if	known)		O.
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not I</i>	or Profit Corporation adopts t	he following	9
A. If amending name, enter the new name of the	corporati	ion:			
name must be distinguishable and contain the word			J" U II	The new	
"Company" or "Co." may not be used in the name		ion or incorporati	ea or the appreviation Corp.	or mc.	
B. Enter new principal office address, if applica	ble:	City of St. Pete Bea	ch, Florida		
(Principal office address MUST BE A STREET A		155 Corey Ave.			
		St. Pete Beach, FL	3706		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X</u>)	City of St. Pete Bea	ch, Florida		
		155 Corey Ave.			
		St. Pete Beach, FL	33706		
D. If amending the registered agent and/or regis	tered offic	e address in Florid:	, enter the name of the		
new registered agent and/or the new registere					
Name of New Registered Agent:	Amber La	Rowe			
	155 Corey	Ave.			
New Registered Office Address:		(1	lorida street address)		
	St. Pete Be	each	33706	;	
		(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if changing R	egistered .	Agent:			
I hereby accept the appointment as registered agent			t the obligations of the position	' .	
	(WAIT	NY		
	Sig	nature of New Regis	tered 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 sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	<u>P</u>	Soranno, Patrick C.	BIG C, c/o Town of Indian Shores, 19305 Gulf Blvd.
x Remove			Indian Shores, FL 33785
2) × Change Add	<u>P</u>	Johnson, Alan	St. Pete Beach, FL 33706
Remove 3)	<u>V</u>	Henderson, MaryBeth	Town of Redington Shores, FL 17425 Gulf Blvd. Redington Shores, FL 33708
4) Change Add	<u>T</u>	Kennedy, Joanne Cookie	City of Indian Rocks Beach 1507 Bay Palm Blvd.
Remove			Indian Rocks Beach, FL 33785
5) Change Add		Lozano, Freddie	BIG C, c/o Town of Indian Shores, 19305 Gulf Blvd.
X Remove			Indian Shores, FL 33785
6) Change Add		4.5	
Remove			
E. If amending or ad (attach additional sh	ding additional A heets, if necessary	Articles, enter change(s) here:). (Be specific)	
		N	
			
<u>.</u>			
<u> </u>			

fective date if applicable: UMC 23, 202 (no more than 90 days after amendment file a	-	_, a outer man in
ne date of each amendment(s) adoption:		_, if other than th
	731	
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6/23/21
Signature Ullu / WMg.
(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)
(Typed or printed name of person signing)
President (Title of person signing)