N38181

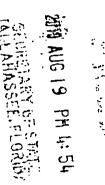
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COVER LETTER

ST. CLAIR GARDEN CONDOMINIUM ASSOCIATION, INC.

•	•	
•	COVÉR LÉTTER	
TO: Amendment Section Division of Corporations		
ST. CLAIR GAI	RDEN CONDOMINIUM ASSOCIATION, INC.	
NAME OF CORPORATION:		
N38181 DOCUMENT NUMBER:		1803 F
The enclosed Articles of Amendment and fee ar		NG 19 PH 4: 54
Please return all correspondence concerning this	smatter to the following:	
Kristen Hubler	<u> </u>	
Premier CAM Services, L	Name of Contact Person LC	
3436 Marinatown Lane St	Firm/ Company te 3	
North Fort Myers, FL 339	Address 03	
	City/ State and Zip Code	
admin@premiercams.net		
E-mail addre	ss: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, p	blease call:	
Kristen Hubler	239 217-6599 at ()	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
■ \$35 Filing Fee Certificate of State		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment

to '

Articles of Incorporation

	to '		
•	Articles of Incorp	oration	L earning to the second
ST. CLAIR GARDEN CONDOMINIUM AS	of SOCIATION, INC		
(Name of Corporation as	currently filed with the Flori	ida Dept. of State)	70
N38181			7,53
<u> </u>			
(Documer	nt Number of Corporation (if kn	lown)	
Pursuant to the provisions of section 607 Incorporation:	.1006, Florida Statutes, this <i>con</i>	rporation adopts the following	g amendment(s) to its Africles of
A. If amending name, enter the new na	me of the corporation:		
	· · · · · · · · · · · · · · · · · · ·		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co"	". A professional corporatio	
B. Enter new principal office address,	if annlicable:		
(Principal office address MUST BE A S			
(
	-		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
(Mailing address MAY BE A POST)	<u> - DFFICE BUX</u>)	-	
	-		
	_		
D. If amending the registered agent an		in Florida, enter the name of	<u>of the</u>
new registered agent and/or the new	y registered office address:		
Name of New Registered Agent	Premier CAM Services, LLC	3	
Name of New Registered Agent			
	3436 Marinatown Lane Ste	3	
	(Florida stree	t address)	
	North Fort Myers	330	903
New Registered Office Address:		Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Dagictored Agent		
1 hereby accept the appointment as regist	ered agent. I am familiar with	kand accept the obligations of	f the position.
- A. C. A. W. C. Pr. A. C. Approximent St. 1 C. St.	1		
Si_{i}	grature of New Rogistered Age	nt, if clanging	

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) x 1) Change Add	<u>Title</u> P	Name Patrick Marquis	Address c/o Premier CAM Services PO Box 152047
Remove	VP 	Ana O'Shaughnessy	Cape Coral, FŁ 33915 c/o Premier CAM Services PO Box 152047 Cape Coral, FL 33915
Remove Add Remove	ST 	Sue Williamson	c/o Premier CAM Services PO Box 152047 Cape Coral, FL 33915
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

()	Attach <i>additional si</i>	neets, if necessary,). (Be specij	nc)			
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2	n amendment pro	yides for an exch	ange, reclassi	ification, or car	ncellation of i	ssued shares,	L
r	ovisions for implei	menting the a <u>me</u> n	<u>idment if not</u>	contained in tl	<u>ie amendmen</u>	t itself:	
	(if not applicable	, indicate N/A)					
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							_
	 	_					
				·			
				•			

The date of each amendment(s) add date, this document was signed.	option:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east for	or the amendment(s) was/were sufficient for approval
by	
. ((voting group)
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder
Dated	7/12/19
Signature	Palar Mau
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
-	Patrick Margory (Typed or printed name of person signing)
_	President
	(Title of person signing)

if other than the