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ECRETARY OF STATE

JUN 13 2012
T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gulf County	y Chamber	of Commerce, Inc.
DOCUMENT NUMBER: N50519		
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Barry Sellers		
(1	Name of Contact Person)
Gulf County Chamber of	Commerce	, Inc.
	(Firm/ Company)	·
P.O. Box 964		
	(Address)	
Port St. Joe, FL 32457		
	City/ State and Zip Code)
E-mail address: (to be used for	or future annual report r	otification)
For further information concerning this matter, please ca	all:	
Barry Sellers	at (850	227-1223
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Depa	rtment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Gulf County Chamber of C			_
(Name of Corporation as currently file	led with the Florida Dept. of	State)	
N50519			_
(Document Nu	mber of Corporation (if known	n)	
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:		Not For Profit Corporation adopts the	e followir
A. If amending name, enter the new name	of the corporation:		
		9.25	The ne
name must be distinguishable and contain the "Company" or "Co." may not be used in the		rporated" or the abbreviation "Corp."	or "Inc.
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	plicable: ET ADDRESS)		_
<u></u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
		•	_
			_
	 		_
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 re			
Name of New Registered Agent:			
			
	(Florida street a	idress)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chang	ging Registered Agent:		
I hereby accept the appointment as registerea	agent. I am familiar with an	d accept the obligations of the position	<u> </u>
Signatu	ire of New Registered Agent, i	changing	

Page 1 of 4

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 <math>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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	TRES	Raymond Thompson	406 Marina Dr Port St. Joe, FL 32456
2) Change X Add Remove	TRES	Dewey Blaylock	406 Marina Dr Port St. Joe, FL 32456
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add Remove			

If amending or adding additional Ar (attach additional sheets, if necessary).	(Re specific)
(anach duamonai sneets, y necessary).	(De specific)
	·
	
 	

The date of each amendment(s) a	doption: IVIAY 1, 2012
Effective date <u>if applicable</u> :	ay 1, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) ral.
There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/were cors.
Dated 6/7	1/2 my PMail
(By the chair have not be	from or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Guerr	(Typed or printed name of person signing)
Presi	dent
	(Title of person signing)