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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| name of corporation: Claridge Tipit | er Island Cond | ominium Association Inc. |
|---|--------------------------|--------------------------------------|
| DOCUMENT NUMBER: <u>N94 @ 0005</u> | | , |
| DOCUMENT NUMBER: 1707 1 50 0 0 0 0 | <u> </u> | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | |
| Please return all correspondence concerning this matter | r to the following: | |
| John B. Baughr | ran III | |
| , | (Name of Contact Perso | n) |
| | | |
| | (Firm√ Company) | |
| D A B 21120 | | |
| P.O. Box 3439 | (Address) | |
| | (Address) | |
| Tequesta, FL 334 | 69 | |
| | (City/ State and Zip Cod | e) |
| | | |
| Claridge @ jupiter isla E-mail address: (to be used | ind fl. org | ν |
| E-mail address; (to be used | for future annual report | notification) |
| For further information concerning this matter, please of | call: | |
| | | |
| John B. Baughman III (Name of Contact Person) | at | 561-743-7244 |
| (Name of Contact Person) | (A | rea Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida Dep | artment of State: |
| S35 Filing Fee □\$43.75 Filing Fee & [| 7\$43 75 Filing Fee & | □\$52.50 Filing Fee |
| Certificate of Status | Certified Copy | Certificate of Status |
| | (Additional copy is | Certified Copy |
| | enclosed) | (Additional Copy is |
| | | Enclosed) |
| Mailing Address | Street | Address |
| Amendment Section | Amendment Section | |
| Division of Corporations | Divisio | on of Corporations |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

| Claridge Jupiter Island Co | Mdominium Association, Inc. ntly filed with the Florida Dept. of State) |
|--|--|
| N94000005366 | |
| | ber of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: | tes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora | tion: |
| nla | The new |
| name must be distinguishable and contain the word "corpore" ("Company" or "Co." may not be used in the name. | The new atton" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | n/a == |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> | S_{ij} |
| | - C7 |
| | |
| C. Enter new mailing address, if applicable: | 3.1 3 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | |
| D. If amending the registered agent and/or registered off | ios address in Florida, anter the name of the |
| new registered agent and/or the new registered office | |
| | n B. Baughman III |
| 1995 | 0 Beach Rd. Suite IN |
| New Registered Office Address: | (Florida street address) |
| To a contract of the same of t | 2200 |
| <u> 1eq</u> (| (City), Florida 33469 (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fi | |
| Thereby accept the appointment at registered agent. Transp | amma with accept the vongations by the position. |
| | (the |
| | 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: XChange X Remove X Add | PT John D V Mike J SV Sally S | ones | |
|---------------------------------|---|-----------------|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | <u>D</u> | Boyle, Emmett | 19950 Beach Rd. 3South Tequesta, FL 33469 |
| 2) Change Add Remove | <u> </u> | Jeffer, Herman | 19950 Beach Rd. 8 North Tequesta, FL 33469 |
| 3) Change Add Remove | | Drop, Raymond | 19950 Beach Rd. 4 North Tequesta, FL33469 |
| 4) Change Add Remove | <u>D</u> | Smith, Donald | 19950 Beach Rd. 7504th Tequesta, FL 33469 |
| 5) Change Add Remove | | England, Robert | 19950 Beach Rd. 5 South Tequesta, FL 33469 |
| 6) Change Add Remove | | | |

| ch additional sheets, if necessary). | (Be specific) |
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| n/a | |
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| The date of each amendment(s) adop date this document was signed. | tion: | n/a | , if other than the |
|---|--------------------|--|---------------------------|
| Effective date if applicable: | nja | | |
| | (no more that | nn 90 days after amendment file date) | |
| Note: If the date inserted in this block document's effective date on the Depar | | ne applicable statutory filing requirements, this date v records. | vill not be listed as the |
| Adoption of Amendment(s) | (CHECK O | <u>ONE</u>) | |
| ☐ The amendment(s) was/were adop was/were sufficient for approval. | ted by the member | pers and the number of votes east for the amendment | (s) |
| There are no members or members adopted by the board of directors. | | on the amendment(s). The amendment(s) was/were | |
| Dated <u>9/20</u> | 150 |) | |
| Signature / | June | (IVAN) | |
| have not been: | selected, by an in | nan of the board, president or other officer-if director neorporator – if in the hands of a receiver, trustee, or by that fiduciary) | |
| <u>En</u> | | ULLIVAN | _ |
| | (Тур | ped or printed name of person signing) | |
| | TACKRITA | nef | - |
| | | (Title of person signing) | |