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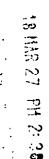
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RIVERWATCH HO NAME OF CORPORATION:	MEOWNERS ASSOC		LEE COUNTY, INC	•
N96000000915				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subn	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Kristen Hubler				
	(Name of Contact Pers	son)		
Premier CAM Services				
	(Firm/ Company)	······································		
PO Box 152047				
	(Address)			
Cape Coral, FL 33915				
	(City/ State and Zip Co	nde)		
admin@premiercams.net				~
E-mail address: (to be used	for future annual repo	rt notificatio	n)	
For further information concerning this matter, please	call:			
Kristen Hubler		239	340-0740	
(Name of Contact Person)	at 	Area Code)	(Daytime Telephone	: Number)
Enclosed is a check for the following amount made par	yable to the Florida De	partment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif (Addi	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing Address Amendment Section		et Address ndment Sect	·	
Amenament Section Division of Corporations		nament Sect sion of Corp		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

RIVERWATCH HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.

(Name of Corporation	as current	ly filed with the Florida D	ept. of State)
N96000000915			
(Docun	nent Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not For Prof</i>	it Corporation adopts the following
A. If amending name, enter the new name of the	corporation	<u>on:</u>	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporated" or t	he abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica	ble:	3046 Del Prado Blvd S. Sto	:1A2
(Principal office address <u>MUST BE A STREET A</u>		Cape Coral, FL 33904	
			خــ. مي
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX_i	PO Box 152047	,
		Cape Coral, FL 33915	- -
			. 2
		· · · · · · · · · · · · · · · · · · ·	1:C (3)
 If amending the registered agent and/or registered agent and/or the new registered. 			the name of the
new registered agent and/or the new register		AM Services	
Name of New Registered Agent:		ANI Services	
	3046 Del I	Prado Blvd S Ste 1A2	
		(Florida st	rect address)
New Registered Office Address:			
	Саре Сога		, Florida 33904
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agen			oligations of the position.
_		(X)	
_	Sis	endeure of New Registered	Igent, 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 <u>Doe</u> te Jones y <u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	P	DUANE RUBASH	PO Box 152047	
Add			Cape Coral, Fl. 33915	_
Remove				_
2) X Change	V	BRUCE GARDNER	PO Box 152047	-
Add			Cape Coral, FL 33915	_
Remove $\frac{X}{3}$ Change	ST	ROBERT ALBITZ	PO Box 152047	_
Add			Cape Coral, FL 33915	
Remove				_
4) Change				_
Add				_
Remove				-
5) Change				_
Add				-
Remove				_
6) Change				-
Add				-
Remove				

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) add tate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this data cartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- was/were sufficient for approval	opted by the members and the number of votes east for the amendment.	ent(s)
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/was.	ere
Dated Ma	rd 5, 2018	
Signature	ian Q Quelor !	
have not bee	man or vice chairman of the board, president or other officer-if direct in selected, by an incorporator — if in the hands of a receiver, trustee, ppointed fiduciary by that fiduciary)	
	DUANE R. RUBASH	
	(Typed or printed name of person signing)	
F	D BESLOENT	

(Title of person signing)