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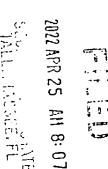
(Re	questor's Name)	
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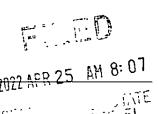
TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	BOUR AT CAPE CORAL COMMUNITY ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	uis matter to the following:
LEE-ANNE BOSCH	
	(Name of Contact Person)
GOEDE, DEBOEST & CROSS, PLLC	
	(Firm/ Company)
6609 WILLOW PARK DRIVE, SECOND FL	OOR .
	(Address)
NAPLES, FL 34109	
	(City/ State and Zip Code)
LBOSCH@GADCLAW.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
LEE-ANNE BOSCH	239 331-5100
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing F Certificate of S	tatus Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee
Mailing Address Amendment Section	Street Address Amendment Section

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

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

Articles of Amendment Articles of Incorporation



CAPE HARBOUR AT CAPE CORAL COMMUNITY ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	2022 AF A
N96000006116	eri .

N96000006116			C.E.	SEEE, FL
(Docum	ent Numbe	er of Corporation (if known)	}##=#T	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	es, this <i>Florida Not For Profit</i>	* Corporation add	opts the following
A. If amending name, enter the new name of the	corporati	ion:		
			<u>.</u>	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporated" or the	e abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applical	ble:	N/A		
(Principal office address MUST BE A STREET A)		
			 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)	N/A		
			 	
D. If amending the registered agent and/or regis new registered agent and/or the new registered			he name of the	
		eBoest & Cross, PLLC		
Name of New Registered Agent:	6600 Will	low Park Drive, Second Floor		···
		(Florida stre	at address)	
New Registered Office Address:		(Fiorida Mre	et daaress)	
	Naples		, Florida	34109
	-	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			igations of the po	sition.
5	Ť			
_	. c:	an atoms a CM and Barriat and An		

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: X Change X Remove X Add	PT John I V Mike SV Sally	<u>Iones</u>	
Type of Action (Check One)	<u>Tide</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add Remove	<u>P</u>	LUC CARRIERE	5703 CAPE HARBOUR DR CAPE CORAL, FL 33914
2) × Change Add	VP	STEVEN MOODY	5703 CAPE HARBOUR DR CAPE CORAL, FL 33914
Remove 3) X Change Add Remove	<u>s</u>	JULIE SMITH	5703 CAPE HARBOUR DR CAPE CORAL, FL 33914
4) Change Add	<u>D</u>	GEORGE JACOBS	5703 CAPE HARBOUR DR CAPE CORAL, FL 33914
Remove 5) Change Add	D	ROBERT HOWARD	5703 CAPE HARBOUR DR CAPE CORAL, FL 33914
x Remove 6) Change Add		····	
E. If amending or addi (attach additional she	ing additional Ar lets, if necessary).	ticles, enter change(s) here: (Be specific)	

			
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Th.	data of such as a first of a		
date	this document was signed.	on:	, if other than the
Effe	etive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
<u>Not</u> doci	if the date inserted in this block dement's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

u	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 <u>3-17-2022</u>
	Signature Aus Agenin
	(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)
	Lyo J. Carriere
	(Typed or printed name of person signing)
	President

(Title of person signing)