

P030000045015

Florida Department of State  
Division of Corporations  
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## To:

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## From:

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**FOR AMNI RESTATE/CORRECT OR O/D RESIGN**

**PARADISE POINT MARINA #18 CORPORATION**

Certificate of Status	0
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**ARTICLES OF AMENDMENT**  
**TO ARTICLES OF INCORPORATION OF**  
**PARADISE POINT MARINA #18 CORPORATION**  
**ARTICLES OF NAME CHANGE**

PO 300000 45015

**TO: THE FLORIDA DEPARTMENT OF STATE**

I, the undersigned, director of PARADISE POINT MARINA #18 CORPORATION, hereby certify that the following Amendment to the Articles of Incorporation was duly adopted unanimously by the above-named corporation. The adopted Amendments to the Articles of Incorporation are as follows:

Article I, (corporate name) is amended to read as follows:

The name of the corporation shall be:

**PARADISE POINT MARINA #20 CORPORATION**

In all other respects of the Articles of Incorporation shall remain as they were prior to the Amendment being adopted. The effective date of the Amendment is February 29, 2008.

I, the undersigned, being the President and Secretary of PARADISE POINT MARINA #18 CORPORATION, hereby certify that the Shareholders and Board of Directors of the corporation at a joint meeting did unanimously approve and recommend on the 29<sup>th</sup> day of February, 2008, that the Articles of Incorporation of PARADISE POINT MARINA #18 CORPORATION, heretofore filed and approved by the Secretary of State, State of Florida, on April 23, 2003, be amended in the manner set forth above, and we did propose said amendment to the Shareholders.

IN WITNESS WHEREOF, we hereby have set our hands and seals this 29<sup>th</sup> day of February, 2008.

PARADISE POINT MARINA #18 CORPORATION

By: [Signature]  
Arnold D. Pilkington, President

Attest: [Signature]  
Arnold D. Pilkington, Secretary

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA )

COUNTY OF MIAMI-DADE )

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The foregoing instrument was acknowledged before me on the 29<sup>th</sup> day of February, 2008, by Arnold D. Pilkington, President and Secretary, of the corporation personally known to me or who produced the following identification \_\_\_\_\_ and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 29<sup>th</sup> day of February, 2008.

Maria Pilar Salgado  
Notary Public, State of Florida

(Print Name of Notary Public)

My Commission Expires:

(Seal)



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