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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hontoon Landing	Resort & Marina, Inc.	
DOCUMENT NUM	BER: P09000076566		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Kirk T. Bauer, Esquire		
		Name of Contact Person	n
	Bauer & Associates		
		Firm/ Company	
	P.O. Box 459		
		Address	 -
	DeLand, FL 32721-0459		
		City/ State and Zip Cod	e
kbaı	er@delandattorneys.com		
		sed for future annual report	notification)
	·	ı	,
For further information	on concerning this matter, pleas	se call:	
Kirk T. Bauer, Esqui	ra	386	714 3211
		at (_)
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address	Street	Address
Am	endment Section	Amend	Iment Section
	rision of Corporations		on of Corporations
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314		∠661 E	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hontoon Landing Resort & Marina, Inc.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P09000076566	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
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.

X Change	PT	John Doc	
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) X Change	DVS	William A. Motsch	5400 Random Way
Add			Louisville, KY 40223
Remove			
2) Change	VT	Sandra M. Smiddy	12806 Cole Road
X Add			Marysville, Indiana 47141
Remove			
3) Change	v	Christopher White	1642 Center Street
X Add			DeLand, FL 32720
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary)	e). (Be specific)
	
	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(5	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more the	in 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	were sufficient for approval
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of direc action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
March 8, 2018 Dated	
Signature W QQ	. A. Matoch VP + Direct,
` * *	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court ary)
William A. Motsch	
(Typed or prin	ted name of person signing)
Vice President (Clanic Apportsch
T)	itle of person signing)