## PROOFF 5

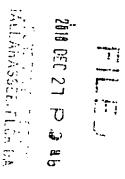
estor's Name)	
ess)	
ess)	
State/Zip/Phone	= #)
☐ WAIT	MAIL
ness Entity Nan	ne)
ment Number)	
Certificates	s of Status
ing Officer:	
ing Onicer.	
	ess)  State/Zip/Phone  WAIT  mess Entity Nan  ment Number)  Certificates

Office Use Only



700322245717

12/27/18--01005--033 \*\*165.00



JAN 0 8 200° T. LEMIEUX

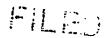
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PINECREST MAI	RINER BOULEVARD, IN	C		
DOCUMENT NUME	P12000008545	····			
The enclosed Articles	of Amendment and fee are su	ebmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	THEODORE C. KADUK				
	Name of Contact Person				
	PINECREST MARINER BOULEVARD, INC.				
		Firm/ Company			
	6025 TROUBLE CREEK RO	OAD			
	<del> </del>	Address	<u> </u>		
	NEW PORT RICHEY, FLO	RIDA 34653			
		City/ State and Zip Cod	e		
For further information	E-mail address: (to be use a concerning this matter, please				
Name of Contact Person		at (Area Co	)		
	the following amount made				
S35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



PINECREST MARINER BOULEVARD, INC. (Name of Corporation as currently filed with the Florida Dent. for State) P12000098545 (Document Number of Corporation (if known) LLAn & SSLL FLOR. DA Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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: <u>X</u> Change	<u>PT</u>	John Doe	
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) Change	V	JILLIAN T. KADUK	6025 TROUBLE CREEK ROAD
X Add			NEW PORT RICHEY, FL 34653
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Romova			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		-
		_
Can amandment provides for an eval	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		<u>-</u>

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	01/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the De	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad- by the shareholders was/were si	opted by the shareholders. The number of votes cast for the amendment(afficient for approval.	s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	11/1/18	
Signature	Theodor C Kadak	
	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other cou	rt
арроіт	nted fiduciary by that fiduciary)	
	THEODORE C. KADUK	
	(Typed or printed name of person signing)	
	PST	
	(Title of person signing)	<del></del>

. . . . . . . . . . . . . . . . . .