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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| NAME OF CORPORATION: COMPASS BAY ASSOCIATES, INC., DOCUMENT NUMBER: P1400005656 | | | | |
| DOCUMENT NUMBER: P140000 56510 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Karen Ginter Name of Contact Person | | | | |
| Name of Contact Person | | | | |
| Firm/ Company | | | | |
| 19 Round Cove Road Address Chatham MA 02633 City/ State and Zip Code | | | | |
| Address | | | | |
| SINTENAIN MIN ONO | | | | |
| Karenbre Ha) Comcastinet | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Address Street Address | | | | |
| Amendment Section Amendment Section | | | | |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | | |
| Tallahassee, FL 32314 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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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 | PT John Doe | |
|-------------------------------|----------------------------|---------------------------------------|
| X Remove | <u>V</u> <u>Mike Jones</u> | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | Address |
| 1) Change | P Brett Ginter | 8304 Ginger GlyG Naples PL 34113 |
| Add | | |
| Remove | | · · · · · · · · · · · · · · · · · · · |
| 2) Change | P Karen Ginter | 8304 Ginger Lily 4. |
| Add | | Naples, Fl 34113 |
| Remove 3)Change | V Karen Ginter | 8304 Ginger CityC+ Naples FL 34113 |
| Add | - | Naples, FL 34113 |
| Remove | | |
| 4) Change | | |
| Add | | |
| Remove | | |
| 5) Change | | |
| Add | | - |
| Remove | | |
| 6) Change | | |
| Add | | |
| Remove | | |

| If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) | | | | | |
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| provisions for implementing the a | mendment if not | | | | |

| The date of each amendment(s) adoption: | , if other than the |
|--|---|
| date this document was signed. | |
| Effective date if applicable: 5/18/17 | |
| (no more ti | nan 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record | applicable statutory filing requirements, this date will not be listed as the ds. |
| 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 shareholder must be separately provided for each voting group entitle | |
| "The number of votes cast for the amendment(s) was | s/were sufficient for approval |
| by | ," |
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| ☐ The amendment(s) was/were adopted by the board of dire action was not required. | ctors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the incorporators action was not required. | without shareholder action and shareholder |
| Dated | · · · · · · · · · · · · · · · · · · · |
| Dated 5/18/17 Signature Kaserm x | Gintes |
| (By a director, president or other | officer - if directors or officers have not been |
| selected, by an incorporator – if appointed fiduciary by that fiduc | in the hands of a receiver, trustee, or other court |
| | 1. GM terented name of person signing) |
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