Division of Corporations Electronic Filing Cover Sheet

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(((H15000098064 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

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: (323)962-8600 : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
|-------|----------|--|--|
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COR AMND/RESTATE/CORRECT OR O/D RESIGN PROPERTY MANAGEMENT ASSOCIATES OF MARTIN COU INC

| INC | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$43.75 |

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TO: Amendment Section

COVER LETTER

| Division of Corporations | | | | | | |
|---|---|--|--|--|--|--|
| NAME OF CORPORATION: Property Management Associates of Martin County, Inc. | | | | | | |
| • | BER: P15000018580 | | | | | |
| | s of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corr | Please return all correspondence concerning this matter to the following: | | | | | |
| | Chevenne Moseley | | | | | |
| | Onbyonino moderay | Name of Contact Persor | | | | |
| | 1 17 | 14ame of Contact Leisor | | | | |
| | LegalZoom.com, Inc. | | | | | |
| | Firm/ Company | | | | | |
| | 100 W. Broadway Suite 10 | 00 | | | | |
| | Address | | | | | |
| | Glendale, CA 91210 | | | | | |
| | City/ State and Zip Code | | | | | |
| pmaofmartincounty@gmail.com | | | | | | |
| -` | E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Cheyenne Mosele | у | at (323 | , 962-8600 ext 7950 | | | |
| Name of Contact Person | | Area Co | 962-8600 ext 7950 de & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount made payable to the Florida Department 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) | | | |

Mailing Address

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

4/22/2015 6:09:09 AM PDT

13239628300 From: Amanda Sando FILLED SECKETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

15 APR 22 AM 10: 32

| PROPERTY MANAGEMENT ASSOC | CIATES OF MARTIN COUNTY, INC. |
|---|---|
| (Name of Corporation as currently filed with the l | Florida Dept. of State) |
| P15000 | 018580 |
| (Document Number of Corporation (| if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| name must be distinguishable and contain the word "corporation "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: | 2221SKannerHighway |
| (Principal office address MUST BE A STREET ADDRESS) | Stuart, FI 34994 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2221 SKannerHighway |
| | Stuart, Fl 34994 |
| | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres | |
| Name of New Registered Agent | |
| (Florida st | reet address) |
| New Registered Office Address: | , Florida |
| (City) | (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | |
| 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 Do | <u>ne</u> | |
|-------------------------------|--------------|-------------|-----------|--|
| X Remove | Y | Mike Jo | ones . | |
| X Add | <u>sv</u> | Sally Sr | nith_ | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| | | | | |
| 4) Change | | | | |
| Add | | | | ······································ |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| (Attach additional | adding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific) correct the address for the officer (PTSD) Gordon P. Cadreau to: |
|--|--|
| | ghway Stuart, FI 34994 |
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| provisions for it | t provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: icable, indicate N/A) |
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| de la constante de la constant | |
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FILED SECRETARY OF STALE DIVISION OF CORE JANUAL

15 APR 22 AM 10: 32

| The date of each amendment(s) adoption: 3/16/2015 | , if other than the | |
|--|---------------------|--|
| date this document was signed. | | |
| Effective date if applicable: | | |
| (no more than 90 days after amendment file date) | | |
| Adoption of Amendment(s) (CHECK ONE) | | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | | |
| "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 directors without shareholder action and shareholder action was not required. | | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | | |
| Dated 3/26/15 | | |
| Signature / MV / Ad | | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court | | |
| appointed fiduciary by that fiduciary) | | |
| Gordon P. Cadreau | | |
| (Typed or printed name of person signing) | _ | |
| President | | |
| (Title of person signing) | | |